



OREGON  
**HEALTH**  
AUTHORITY

# **Senate Bill 163 and Acknowledgment of Parentage**

**Public Health Division  
Center for Health Statistics**

***We are Vital and We Count***

# Today's Agenda

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- SB 163 overview
- New definitions
- Updates to the AOP forms
- New form use
- OVERS change
- What stayed the same?
- Future updates



# SB 163 Overview

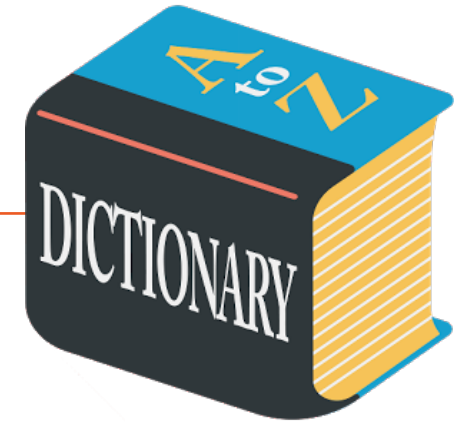
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- Passed in 2025 Legislative Session
- Goes into effect in two stages January 1, 2026, and January 1, 2027
- Modernizes legal terminology
- Gender-neutral language
- Expanded parentage definitions
- New AOP form



# New Definitions

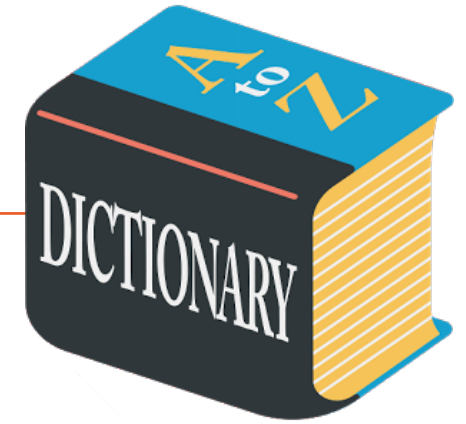
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- **Parentage:** Paternity will now be referred to as Parentage. This reflects more gender-neutral language. The AOP will be referred to as the Acknowledgment of Parentage. It is the parent-child relationship, with associated rights and responsibilities.
- **Adjudicated parent:** A person who has been found to be a parent of a child by a court with jurisdiction.

# New Definitions

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- **Alleged genetic parent:** A person who claims or is alleged to be a genetic or possible genetic parent of a child whose parentage has not been established by a court (adjudicated). An alleged genetic parent does not include a presumed parent, someone whose parental rights have been terminated or declared not to exist, or a donor. May also be referred to as biological father or father.

# New Definitions

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- **Intended parent:** A person who intends to be a legal parent of a child conceived by assisted reproduction, including under a gestational surrogacy agreement, but does not include the parent who gives birth to the child.
- **Parent who gave birth to the child:** Commonly referred to as biological mother or mother.

# New Definitions

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- **Presumed parent:** A person who is married to the parent who gave birth to the child at the time of the child's birth without a judgment of separation, or a person who was married to the parent who gave birth, and the child was born within 300 days after the marriage was terminated by death, annulment or dissolution or after entry of judgment of separation. Presumed parents do not include where a child was conceived by assisted reproduction under a gestational surrogacy agreement.

# Parent Questions

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What can BIS or labor and delivery staff do if they get pushback or questions regarding the new definitions?

- Reassure parents that the AOP is a legal form that must meet the requirements of the new law.
- The new definitions do not impact the mother/father or parent/parent labels that appear on the birth certificate.



# Updates to the Hospital AOP form 45-31

## Instructions Page

- Updated instructions for sections 1-4
- Hospital witness must read Statement of Rights, Responsibilities, Alternatives and Consequences
- Definitions

### Voluntary Acknowledgment of Parentage

Oregon law permits the establishment of parentage by Voluntary Acknowledgment of Parentage (Acknowledgment) if there is no second parent listed on an existing birth record and the Acknowledgment satisfies all conditions required to be valid under the law. The final page of the form provides the rights and responsibilities of the parents, alternatives to signing this Acknowledgment, consequences of signing this Acknowledgment, rights of a minor parent, and additional information.

**This form can only be used when completed within five days after the birth of the child and while the parent who gave birth to the child is still a patient of the birth facility.** After that, you may be eligible to establish parentage using a similar form (form 45-21), which requires a notary to witness both parents' signatures. Additional fees may be required. To obtain a copy of that form, visit <http://www.healthoregon.org/chs> or call 971-673-1190.

#### Instructions

**Important:** Read and understand all the information below and the Acknowledgment. Listen to the witness read you the Statement of Rights, Responsibilities, Alternatives and Consequences on the final page **before** you sign. Only sign if the statements and information in the Acknowledgment are true.

**Section 1:** Complete this section with the information as provided on the birth certificate worksheet.

**Section 2:** Complete with information regarding the parent who gave birth to the child.

**Section 3:** Complete with information regarding the alleged genetic parent.

**Section 4:** Read and understand the Acknowledgment but only sign when the hospital witness is present and has read the statement to you.

**Hospital witness:** The hospital witness is required to read the Statement of Rights, Responsibilities, Alternatives and Consequences on the final page to the parents, to witness and date both parents' signatures and to mail completed form immediately to: Center for Health Statistics, PO Box 14050, Portland, OR 97293-0050.

#### Definitions

**Acknowledged parent:** A person who has been added to a birth record as a parent by signing an effective Acknowledgment of Parentage.

**Adjudicated parent:** A person who has been found to be a parent of a child by a court with jurisdiction.

**Alleged genetic parent:** A person who claims or is alleged to be a genetic or possible genetic parent of a child whose parentage has not been established by a court (adjudicated). An alleged genetic parent does not include a presumed parent, someone whose parental rights have been terminated or declared not to exist, or a donor. May also be referred to as biological father or father.

**Intended parent:** A person who intends to be a legal parent of a child conceived by assisted reproduction, including under a gestational surrogacy agreement, but does not include the parent who gives birth to the child.

**Parentage:** The parent-child relationship, with associated rights and responsibilities.

**Parent who gave birth to the child:** Commonly referred to as biological mother or mother.

**Presumed parent:** A person who is married to the parent who gave birth to the child at the time of the child's birth without a judgment of separation, or a person who was married to the parent who gave birth and the child was born within 300 days after the marriage was terminated by death, annulment or dissolution or after entry of judgment of separation. Presumed parents do not include where a child was conceived by assisted reproduction under a gestational surrogacy agreement.



# Updates to the Hospital AOP form 45-31

- Updated instructions for sections 1 - 4

## Instructions

**Important:** Read and understand all the information below and the Acknowledgment. Listen to the witness read you the Statement of Rights, Responsibilities, Alternatives and Consequences on the final page **before** you sign. Only sign if the statements and information in the Acknowledgment are true.

**Section 1:** Complete this section with the information as provided on the birth certificate worksheet.

**Section 2:** Complete with information regarding the parent who gave birth to the child.

**Section 3:** Complete with information regarding the alleged genetic parent.

**Section 4:** Read and understand the Acknowledgment but only sign when the hospital witness is present and has read the statement to you.

**Hospital witness:** The hospital witness is required to read the Statement of Rights, Responsibilities, Alternatives and Consequences on the final page to the parents, to witness and date both parents' signatures and to mail completed form immediately to: Center for Health Statistics, PO Box 14050, Portland, OR 97293-0050.



# Updates to the Hospital AOP form 45-31

- Hospital witness **must read** Statement of Rights, Responsibilities, Alternatives and Consequences

## Instructions

**Important:** Read and understand all the information below and the Acknowledgment. Listen to the witness read you the Statement of Rights, Responsibilities, Alternatives and Consequences on the final page **before** you sign. Only sign if the statements and information in the Acknowledgment are true.

**Section 1:** Complete this section with the information as provided on the birth certificate worksheet.

**Section 2:** Complete with information regarding the parent who gave birth to the child.

**Section 3:** Complete with information regarding the alleged genetic parent.

**Section 4:** Read and understand the Acknowledgment but only sign when the hospital witness is present and has read the statement to you.

**Hospital witness:** The hospital witness is required to read the Statement of Rights, Responsibilities, Alternatives and Consequences on the final page to the parents, to witness and date both parents' signatures and to mail completed form immediately to: Center for Health Statistics, PO Box 14050, Portland, OR 97293-0050.



# Updates to the Hospital AOP form 45-31

- Definitions

**Acknowledged parent:**

**Adjudicated parent:**

**Alleged genetic parent:**

**Intended parent:**

**Parentage:**

**Parent who gave birth to the child:**

**Presumed parent:**


# Updates to the Hospital AOP form 45-31

## AOP Form

- Section 2 – Parent who gave birth to the child (formerly Natural mother of the child)
- Section 3 – Alleged genetic parent (formerly Natural father of the child)
- Section 4 - Acknowledgment

This is a Legal Document

Voluntary Acknowledgment of Parentage



This document establishes parentage under ORS 432.098. Do not sign until you understand your legal rights and responsibilities as stated on the last page of this form. **Complete in ink and do not alter/cross out information.**

<b>Section 1 — Child (as named on birth certificate)</b>				<b>Hospital Use Only</b> OVERS Case ID:
Child's name: First		Middle	Last	Suffix (Example: Jr. or Sr.)
Date of birth: (mm/dd/yyyy)		Child's birthplace: (hospital or health care facility name)		
<b>Section 2 — Parent who gave birth to the child</b>				
Name: First		Middle	Last	Suffix (Example: Jr. or Sr.)
Present address: No. and street		City	State	Zip
Date of birth: (mm/dd/yyyy)		Birthplace State: (If not United States, name country)		Daytime phone number:
<b>Section 3 — Alleged genetic parent</b>				
Name: First		Middle	Last	Suffix (Example: Jr. or Sr.)
Present address: No. and street		City	State	Zip
Date of birth: (mm/dd/yyyy)		Birthplace State: (If not United States, name country)		Daytime phone number:
<b>Section 4 — Witnessed signatures</b>				

**Read and understand before you sign this document. Making willful and knowing false statements on this form can lead to criminal and civil penalties.**

**Acknowledgment**  
I acknowledge the following: 1) I am signing this Acknowledgment for the purpose of establishing parentage of the child; 2) the alleged genetic parent identified above is an alleged genetic parent of the child; 3) the information provided and statements made in this form are true; 4) the parent who gave birth to the child was not married to anyone at the time of the child's conception, birth, or anytime in between, or at any time during the 300 days prior to the birth of the child; 5) I have not consented to the adoption of the child; 6) a court has not determined that I am not the parent of the child; 7) I have not surrendered my parental rights to a public or private child-caring agency and have not had my parental rights terminated by a court; 8) the child does not have a presumed parent, other acknowledged parent, adjudicated parent or intended parent other than the parent who gave birth to the child; 9) I understand that this Acknowledgment is the equivalent of an adjudication of parentage of the child and that a challenge to the acknowledgment is permitted only under limited circumstances; 10) the hospital witness has read to me the Statement of Rights, Responsibilities, Alternatives and Consequences listed on the final page of this Acknowledgment.

**Do not sign until hospital witness is present.**

Parent who gave birth to the child's printed name	X Parent who gave birth to the child's signature	Date signed (mm/dd/yyyy)
Hospital witness' printed name	X Hospital witness' signature	Date signed (mm/dd/yyyy)
Alleged genetic parent's printed name	X Alleged genetic parent's signature	Date signed (mm/dd/yyyy)
Hospital witness' printed name	X Hospital witness' signature	Date signed (mm/dd/yyyy)

Voluntary Acknowledgment of Parentage

Center for Health Statistics Copy

200-97651\_OHA 45-31 (01/26)



# Updates to the Hospital AOP form 45-31

- Section 2 – Parent who gave birth to the child (formerly Natural mother of the child)
  - Added **Present address**
  - Moved **Last name before any marriages (Maiden name)**
- Section 3 – Alleged genetic parent (formerly Natural father of the child)

<b>Section 2 — Parent who gave birth to the child</b>					
Name: First		Middle	Last	Suffix (Example: Jr. or Sr.)	
Present address: No. and street		City	State	Zip	Social Security number:
Date of birth: (mm/dd/yyyy)	Birthplace State: (If not United States, name country)		Last name before any marriages: (Maiden name)		Daytime phone number:
<b>Section 3 — Alleged genetic parent</b>					
Name: First		Middle	Last	Suffix (Example: Jr. or Sr.)	
Present address: No. and street		City	State	Zip	Social Security number:
Date of birth: (mm/dd/yyyy)	Birthplace State: (If not United States, name country)		Daytime phone number:		



# Updates to the Hospital AOP form 45-31

- Section 4 - Acknowledgment

## Section 4 — Witnessed signatures

Read and understand **before** you sign this document. Making willful and knowing false statements on this form can lead to criminal and civil penalties.

### Acknowledgment

I acknowledge the following: 1) I am signing this Acknowledgment for the purpose of establishing parentage of the child; 2) the alleged genetic parent identified above is an alleged genetic parent of the child; 3) the information provided and statements made in this form are true; 4) the parent who gave birth to the child was not married to anyone at the time of the child's conception, birth, or anytime in between, or at any time during the 300 days prior to the birth of the child; 5) I have not consented to the adoption of the child; 6) a court has not determined that I am not the parent of the child; 7) I have not surrendered my parental rights to a public or private child-caring agency and have not had my parental rights terminated by a court; 8) the child does not have a presumed parent, other acknowledged parent, adjudicated parent or intended parent other than the parent who gave birth to the child; 9) I understand that this Acknowledgment is the equivalent of an adjudication of parentage of the child and that a challenge to the acknowledgment is permitted only under limited circumstances; 10) the hospital witness has read to me the Statement of Rights, Responsibilities, Alternatives and Consequences listed on the final page of this Acknowledgment.



# Updates to the Hospital AOP form 45-31

- Section 4 – Acknowledgment
  - Added mm/dd/yyyy to **Date signed**

**Do not sign until hospital witness is present.**

_____ Parent who gave birth to the child's printed name	X _____ Parent who gave birth to the child's signature	_____ Date signed (mm/dd/yyyy)
_____ Hospital witness' printed name	X _____ Hospital witness' signature	_____ Date signed (mm/dd/yyyy)
_____ Alleged genetic parent's printed name	X _____ Alleged genetic parent's signature	_____ Date signed (mm/dd/yyyy)
_____ Hospital witness' printed name	X _____ Hospital witness' signature	_____ Date signed (mm/dd/yyyy)



# Updates to the Hospital AOP form 45-31

## Statement of Rights, Responsibilities, Alternatives and Consequences

- Gender-neutral language
- Additional statements about when the Acknowledgement can not be used
- Alternatives to signing
- Additional information
- Must be read to parents

### Statement of Rights, Responsibilities, Alternatives and Consequences

This Voluntary Acknowledgment of Parentage (Acknowledgment) is a legal document. Signing this Acknowledgment is voluntary. Signing this Acknowledgment has legal consequences so you may want to consult a lawyer before signing.

**This Acknowledgment can not be used to establish parentage if:**

- You are **not** an alleged genetic parent of the child.
- The parent who gave birth to the child was married to anyone at the time of the child's conception, birth, or anytime in between, or at any time during the 300 days prior to the birth of the child.
- You consented to the adoption of the child.
- A court determined that you are **not** the parent of the child.
- You surrendered your parental rights to a public or private child-caring agency.
- A court terminated your parental rights.
- The child has a presumed parent, other acknowledged parent, adjudicated parent or intended parent other than the parent who gave birth to the child.
- A second parent is already listed on the existing birth record.

When this Acknowledgment is properly signed, witnessed and filed with the Registrar of the Center for Health Statistics, none of the conditions above apply, and the Acknowledgment otherwise satisfies all conditions required to be valid under the law, it establishes the identified alleged genetic parent who has signed the Acknowledgment as a legal parent of the child.

**Rights and responsibilities of parents:** To be the legal parent means you have all the parental rights and responsibilities that a parent would have if the child was born in a marriage.

**If you are a noncustodial parent:**

- You have the right to visit the child or to seek custody of the child.
- You have the responsibility to contribute to the support of the child, even if there is no child support court order requiring the payment of a certain amount of money.
- If there is no existing child support order for the child, then one may be established. If there is an existing order, it may be increased or decreased by a court or administrative order.
- The child support order may be enforced by wage withholding, tax refund intercepts, property liens and other involuntary processes.
- The child may have the right to inherit from your estate and receive Social Security benefits based on your earnings.
- There could be other benefits and responsibilities as well.

**If you are a custodial parent:**

- You have the right to seek birth expenses for the child or to have a child support order established, modified and enforced.
- You have the responsibility to care for, maintain and control your child.
- The child may have the right to inherit from your estate and receive Social Security benefits based on your earnings.
- There could be other benefits and responsibilities as well.

**Custody:** By law, the parent who has physical custody of the child at the time this Acknowledgment is filed has legal custody. Only a court can legally change custody.

**Alternatives to signing this Acknowledgment:** You have alternatives to signing this Acknowledgment. Instead of signing this Acknowledgment you could ask a court to determine legal parentage of the child and to decide whether birth costs and child support should be awarded pursuant to ORS 109.155.

You may obtain genetic testing to help determine if the alleged genetic parent is the genetic parent of the child. Free genetic testing is available through the Oregon Child Support Program. Either of you may request these tests. If you sign this Acknowledgment without genetic testing and it is later determined you are not a genetic parent, you are still considered the parent of the child if or until legal action is taken to disestablish your parentage. There may be time limitations on your ability to be legally removed as a parent to the child.

**Consequences of signing this Acknowledgment:** By signing this Acknowledgment, you become the legal parent of the child. Please see the rights and responsibilities listed above. You have 60 days after filing this Acknowledgment to rescind or "take back" this Acknowledgment. You may have fewer than 60 days if you are a party to a case involving the child that is pending in court and the first hearing has already taken place. You may challenge this Acknowledgment up to one year after filing, for any reason, if genetic testing has not been completed. You may challenge this Acknowledgment at any time if you can prove fraud, duress or material mistake of fact. The legal responsibilities that come from signing this Acknowledgment, such as child support, will not be suspended during a challenge to this Acknowledgment. If you sign this Acknowledgment and later decide you want genetic testing, you may ask the Oregon Child Support Program for these tests up to one year after filing this Acknowledgment. If those tests show that the alleged genetic parent who has signed this Acknowledgment is not the genetic parent of the child, legal parentage may be set aside or "undone." This information is not exhaustive, and an attorney can advise on options after parentage is established.

**Rights of a minor parent:** If you are under 18 years of age and not legally emancipated by marriage or by a court order, you are a minor parent. As a minor parent, you may give authorizations and enter into agreements in adoption, juvenile court, or other proceedings concerning the care or custody of the child. As a minor parent, you have the right to have a guardian ad litem appointed before a child support order is entered against you. As a minor parent, you may file a petition on behalf of your minor child and if you are a minor custodial parent, you may enter a contract for an apartment and for utilities. A lawyer could best explain your rights as a minor parent.

**Additional information:** You can find more information about establishing parentage on the Oregon Child Support Program website, [www.oregonchildsupport.gov](http://www.oregonchildsupport.gov). You can also contact their customer service team at 800-850-0228 or visit a local child support office to learn more or to discuss your rights to genetic testing. If you would like a lawyer, you can call the Oregon State Bar's Referral and Information Service at 800-452-7636.



# Updates to the Hospital AOP form 45-31

- Gender-neutral language
- Additional statements about when the Acknowledgement can not be used

## Statement of Rights, Responsibilities, Alternatives and Consequences

This Voluntary Acknowledgment of Parentage (Acknowledgment) is a legal document. Signing this Acknowledgment is voluntary. Signing this Acknowledgment has legal consequences so you may want to consult a lawyer before signing.

**This Acknowledgment can not be used to establish parentage if:**

- You are **not** an alleged genetic parent of the child.
- The parent who gave birth to the child was married to anyone at the time of the child's conception, birth, or anytime in between, or at any time during the 300 days prior to the birth of the child.
- You consented to the adoption of the child.
- A court determined that you are **not** the parent of the child.
- You surrendered your parental rights to a public or private child-caring agency.
- A court terminated your parental rights.
- The child has a presumed parent, other acknowledged parent, adjudicated parent or intended parent other than the parent who gave birth to the child.
- A second parent is already listed on the existing birth record.



# Updates to the Hospital AOP form 45-31

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- Alternatives to signing

**Alternatives to signing this Acknowledgment:** You have alternatives to signing this Acknowledgment. Instead of signing this Acknowledgment you could ask a court to determine legal parentage of the child and to decide whether birth costs and child support should be awarded pursuant to ORS 109.155. You may obtain genetic testing to help determine if the alleged genetic parent is the genetic parent of the child. Free genetic testing is available through the Oregon Child Support Program. Either of you may request these tests. If you sign this Acknowledgment without genetic testing and it is later determined you are not a genetic parent, you are still considered the parent of the child if or until legal action is taken to disestablish your parentage. There may be time limitations on your ability to be legally removed as a parent to the child.

**Consequences of signing this Acknowledgment:** By signing this Acknowledgment, you become the legal parent of the child. Please see the rights and responsibilities listed above. You have 60 days after filing this Acknowledgment to rescind or “take back” this Acknowledgment. You may have fewer than 60 days if you are a party to a case involving the child that is pending in court and the first hearing has already taken place. You may challenge this Acknowledgment up to one year after filing, for any reason, if genetic testing has not been completed. You may challenge this Acknowledgment at any time if you can prove fraud, duress or material mistake of fact. The legal responsibilities that come from signing this Acknowledgment, such as child support, will not be suspended during a challenge to this Acknowledgment. If you sign this Acknowledgment and later decide you want genetic testing, you may ask the Oregon Child Support Program for these tests up to one year after filing this Acknowledgment. If those tests show that the alleged genetic parent who has signed this Acknowledgment is not the genetic parent of the child, legal parentage may be set aside or “undone.” This information is not exhaustive, and an attorney can advise on options after parentage is established.



# Updates to the Hospital AOP form 45-31

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- Additional information

**Additional information:** You can find more information about establishing parentage on the Oregon Child Support Program website, [www.oregonchildsupport.gov](http://www.oregonchildsupport.gov). You can also contact their customer service team at 800-850-0228 or visit a local child support office to learn more or to discuss your rights to genetic testing. If you would like a lawyer, you can call the Oregon State Bar's Referral and Information Service at 800-452-7636.





# Updates to the Hospital AOP form 45-31

- Must be **read** to parents

## Section 4 — Witnessed signatures

Read and understand **before** you sign this document. Making willful and knowing false statements on this form can lead to criminal and civil penalties.

### Acknowledgment

I acknowledge the following: 1) I am signing this Acknowledgment for the purpose of establishing parentage of the child; 2) the alleged genetic parent identified above is an alleged genetic parent of the child; 3) the information provided and statements made in this form are true; 4) the parent who gave birth to the child was not married to anyone at the time of the child's conception, birth, or anytime in between, or at any time during the 300 days prior to the birth of the child; 5) I have not consented to the adoption of the child; 6) a court has not determined that I am not the parent of the child; 7) I have not surrendered my parental rights to a public or private child-caring agency and have not had my parental rights terminated by a court; 8) the child does not have a presumed parent, other acknowledged parent, adjudicated parent or intended parent other than the parent who gave birth to the child; 9) I understand that this Acknowledgment is the equivalent of an adjudication of parentage of the child and that a challenge to the acknowledgment is permitted only under limited circumstances; 10) the hospital witness has read to me the Statement of Rights, Responsibilities, Alternatives and Consequences listed on the final page of this Acknowledgment.





# New Form Use

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- CHS will mail initial supply of the new Hospital form (45-31) to facilities
- Expect new form in December
- Start using new form January 1, 2026
- Shred old forms after January 1, 2026, only if you have received the new forms
- Let Labor and Delivery staff know about the new forms and when they need to be used

# Updates to the Notarized AOP form 45-21

- Gender-neutral language
- Definitions
- Acknowledgment section has been expanded from six to ten items
- Updated Statement of Rights, Responsibilities, Alternatives, and Consequences



***Always provide the Notarized form if parents can't complete the Hospital AOP.***

This is a Legal Document Fees: \$35 Filing Fee		Voluntary Acknowledgment of Parentage Affidavit		
This document establishes parentage under ORS 432.098. Do not sign until you understand your legal rights and responsibilities as stated on the last page of this form. <b>Complete in ink and do not alter/cross out information.</b>				
<b>Section 1 — Child (as named on birth certificate)</b>				<b>CSP Use Only</b>
Child's name: First Middle Last		Suffix (Example: Jr, or Sr.)		
Date of birth: (mm/dd/yyyy)	Birthplace: City County	Child's new last name as it should appear on birth certificate ("N/A" if not changing)		
<b>Section 2 — Parent who gave birth to the child</b>				
Name: First Middle Last		Suffix (Example: Jr, or Sr.)		
Present address: No. and street	City	State	Zip	Social Security number:
Date of birth: (mm/dd/yyyy)	Birthplace State: (If not United States, name country)	Last name before any marriages: (Maiden name)		Daytime phone number:
<b>Section 3 — Alleged genetic parent</b>				
Name: First Middle Last		Suffix (Example: Jr, or Sr.)		
Present address: No. and street	City	State	Zip	Social Security number:
Date of birth: (mm/dd/yyyy)	Birthplace State: (If not United States, name country)	Daytime phone number:		
<b>Section 4 — (This section is optional) Marriage after child's birth</b>				
Date of marriage: (mm/dd/yyyy)		If married in Oregon, enter the county of marriage:		
If applicable, new name of parent who gave birth to the child as it should appear on the child's new birth certificate:				
<b>Section 5 — Notarized signatures</b>				
<b>Read and understand before you sign this document. Making willful and knowing false statements on this form can lead to criminal and civil penalties.</b>				
<b>Acknowledgment</b> I acknowledge the following: 1) I am signing this Acknowledgment for the purpose of establishing parentage of the child; 2) the alleged genetic parent identified above is an alleged genetic parent of the child; 3) the information provided and statements made in this form are true; 4) the parent who gave birth to the child was not married to anyone at the time of the child's conception, birth, or anytime in between, or at any time during the 300 days prior to the birth of the child; 5) I have not consented to the adoption of the child; 6) a court has not determined that I am not the parent of the child; 7) I have not surrendered my parental rights to a public or private child-care agency and have not had my parental rights terminated by a court; 8) the child does not have a presumed parent, other acknowledged parent, adjudicated parent or intended parent other than the parent who gave birth to the child; 9) I understand that this Acknowledgment is the equivalent of an adjudication of parentage of the child and that a challenge to the Acknowledgment is permitted only under limited circumstances; 10) I understand the Statement of Rights, Responsibilities, Alternatives and Consequences listed on the final page of this Acknowledgment.				
<b>Parent who gave birth to the child's name and signature — Do Not Sign Until Notary Is Present</b>				
Parent who gave birth to the child's printed name		Parent who gave birth to the child's signature		Date signed: (mm/dd/yyyy)
<b>NOTARY</b>	Signed in the state of:	County of:	<b>Notary Seal</b>	
	This instrument was acknowledged on: (mm/dd/yyyy)	By: (Name of parent who gave birth to the child)		
	X Signature of notarial officer		My commission expires: (mm/dd/yyyy)	
<b>Alleged genetic parent's name and signature — Do Not Sign Until Notary Is Present</b>				
Alleged genetic parent's printed name		Alleged genetic parent's signature		Date signed: (mm/dd/yyyy)
<b>NOTARY</b>	Signed in the state of:	County of:	<b>Notary Seal</b>	
	This instrument was acknowledged on: (mm/dd/yyyy)	By: (Name alleged genetic parent)		
	X Signature of notarial officer		My commission expires: (mm/dd/yyyy)	
For Vital Records use only Date filed: (mm/dd/yyyy)		Per ORS 432.098(1)(d) Parentage is established upon filing of this form by the State Registrar of the Center for Health Statistics		

# OVERS Change

## Other Links

[Print Forms](#)

[Comments](#)

[Validate Registration](#)

7785791 :Birdie Test NOV-07-2025

/New Event/New Event/Uncertified/Not Registered/**AOP Pending**

## Print Forms

~~Paternity - (45-31A Hospital)~~

~~Paternity - (45-31S Hospital - Spanish)~~

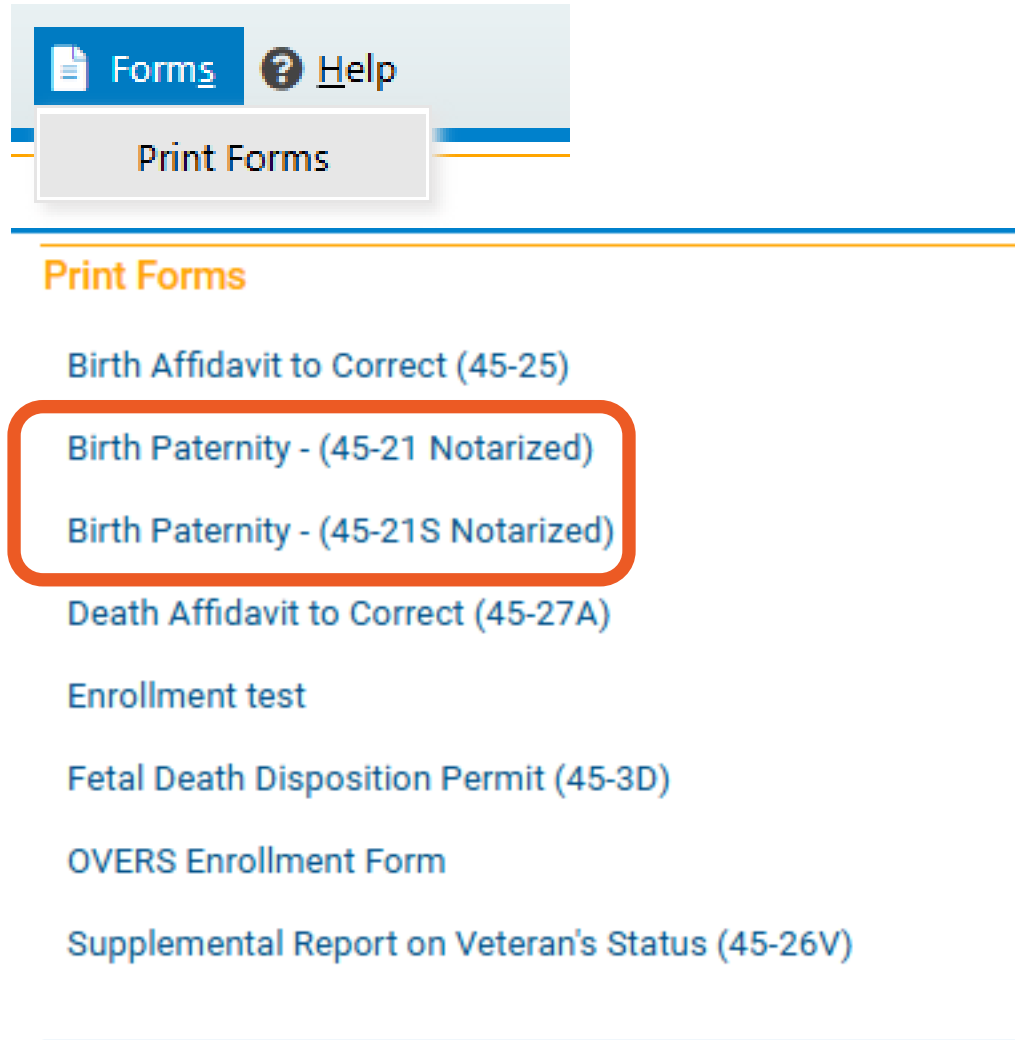
Working Copy - Legal (45-1V)

Working Copy - Statistical (45-1ST)

- Hospital Voluntary Acknowledgment of Parentage forms (45-31) **will not** be available from the Other Links>Print Forms section of the Birth Registration Menu starting Jan 1, 2026.



# OVERS Change



The screenshot shows a web interface for the OVERS system. At the top, there is a navigation bar with a 'Forms' button (represented by a document icon) and a 'Help' button (represented by a question mark icon). Below this, a 'Print Forms' button is visible. A horizontal line separates the navigation bar from the main content area. The main content area is titled 'Print Forms' in orange text. Below this title, a list of forms is displayed. The first form is 'Birth Affidavit to Correct (45-25)'. The second form, 'Birth Paternity - (45-21 Notarized)', is highlighted with a red rectangular border. Below it is 'Birth Paternity - (45-21S Notarized)'. The remaining forms in the list are 'Death Affidavit to Correct (45-27A)', 'Enrollment test', 'Fetal Death Disposition Permit (45-3D)', 'OVERS Enrollment Form', and 'Supplemental Report on Veteran's Status (45-26V)'.

Forms ? Help

Print Forms

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Print Forms

Birth Affidavit to Correct (45-25)

Birth Paternity - (45-21 Notarized)

Birth Paternity - (45-21S Notarized)

Death Affidavit to Correct (45-27A)

Enrollment test

Fetal Death Disposition Permit (45-3D)

OVERS Enrollment Form

Supplemental Report on Veteran's Status (45-26V)

- The Notarized Voluntary Acknowledgment of Parentage form (45-21) **will** be available to print for parents unable to complete the Hospital form. Click on Forms from the top menu bar>Print Forms.
- The Hospital AOP (45-31) will be added to Print Forms as well. This will be a fillable PDF. Copies can be made for parents.
- Forms will be available in English and Spanish.



# What is staying the same?

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- The AOP is only given to parents if the parent who gave birth to the child was not married (or in an ORDP) **to anyone** at the time of the child's conception, birth, or anytime in between, or at any time during the 300 days prior to the birth of the child.
- Marriage and Oregon Registered Domestic Partnership (ORDP) are treated the same for AOP's.



# What is staying the same?

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- Alleged genetic parent (father) information that is entered in OVERS must come from the AOP.
- If parentage is established through an AOP then the alleged genetic parent information must come from the AOP.
- If parents indicate they are married or in ORDP then no AOP is needed.



# What is staying the same?

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- Parents can select mother/father or parent/parent designations for the birth certificate.
- Timeline to complete the Hospital AOP is five days from the date of birth while parent that gave birth is still a patient.



# What is staying the same?

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- Witness signature dates and parent signature dates must match.
- Send AOP's to the state as soon as possible.
- Thank you for your help with submitting AOP's!



# Future changes for January 2027

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- Presumptions of Parentage
- Surrogacy
- AOP forms
- OVERS

More to come about these changes  
later next year.

Center for Health Statistics | We are vital and we count

# Resources

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Vital Records Website <http://HealthOregon.org/CHS>  
click on Birth Information Specialists in the For Our  
Partners column.

Paternity Forms and Instructions on the BIS page

Division of Child Support webpage:  
<https://bit.ly/DOJcs>



## Contact Information



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# Thank you

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This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact 971-673-1190 (voice) or 711 (TTY), or fax 971-673-1203.

**We appreciate  
your  
participation**

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*thank you!*

