

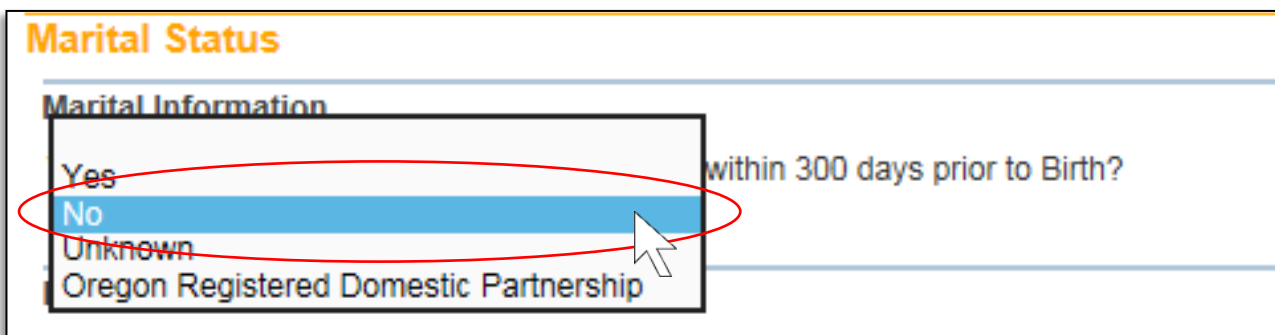
New Acknowledgement of Paternity Form (AOP)

Purpose: Birth Information Specialists now have the option to auto populate the AOP form in OVERS. By selecting **Yes** on the **Paternity Information** dropdown list, additional pages will appear allowing the AOP form to populate from these pages. To establish paternity, the father will verify the information on the populated AOP form, and then sign and date the document. The rights and responsibilities will also print. This new auto populate feature enhances the accuracy of records, decreases AOP processing time and eliminates the need to order AOP forms from the state.

Summary of Instructions: When a mother is not married the user may select yes on the **Paternity Information** dropdown list in OVERS to auto populate the AOP. By selecting **Yes**, the **Father** and **Father Attributes** pages will display. Once the user has completed their normal birth record entry process, they can print the AOP form by selecting **Print Forms** at the bottom of the **Birth Registration Menu**.

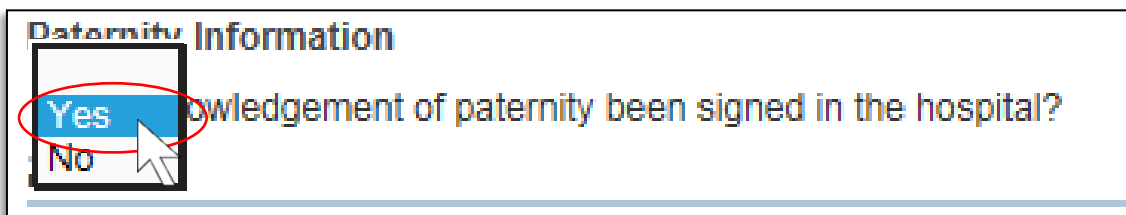
Instructions:

1. On the **Marital Status** page, under the **Marital Information** section, select **No** when mother is not married.



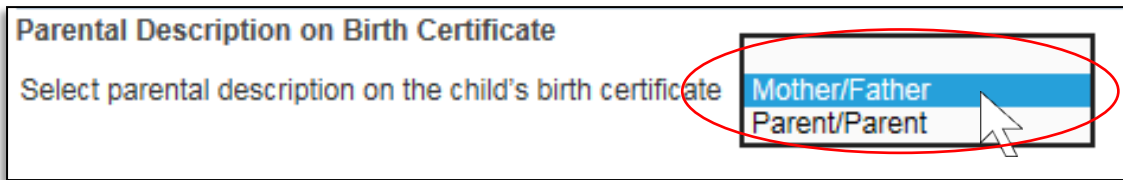
The screenshot shows the 'Marital Status' page. Under the 'Marital Information' section, there is a dropdown menu. The options are 'Yes', 'No', 'Unknown', and 'Oregon Registered Domestic Partnership'. The 'No' option is highlighted in blue, and a red oval is drawn around it. A mouse cursor is pointing at the 'No' option. To the right of the dropdown menu, the text 'within 300 days prior to Birth?' is visible.

2. If the birth information specialist wants to use this new auto populate feature or continue with original form, select **Yes** in the dropdown list under **Paternity Information**. If the father will not sign the AOP select **No**, nothing changes in the record.



The screenshot shows the 'Paternity Information' page. Under the 'Paternity Information' section, there is a dropdown menu. The options are 'Yes' and 'No'. The 'Yes' option is highlighted in blue, and a red oval is drawn around it. A mouse cursor is pointing at the 'Yes' option. To the right of the dropdown menu, the text 'Acknowledgement of paternity been signed in the hospital?' is visible.

3. To complete the **Marital Status** page, select the appropriate parental description by choosing **Mother/Father** or **Parent/Parent** from the **Parental Description on Birth Certificate** dropdown list. This is how the parent labels will print out on the birth certificate.



Parental Description on Birth Certificate

Select parental description on the child's birth certificate

Mother/Father
Parent/Parent

4. Select the **Next** button at the bottom right of the OVERS screen to continue.



Validate Page Next Clear Save Return

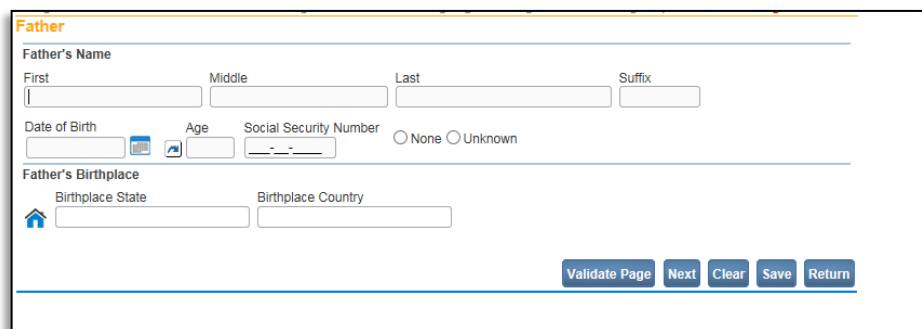
5. Once the next button is selected the **Father** and **Father Attribute** pages will display in the **Birth Registration Menu**. Complete both pages from the birth worksheet, then continue on with your usual data entry process.



Birth Registration Menu

Parent Information

- Child
- Mother
- Mother Address
- Mother Attributes
- Mother Health
- Marital Status
- Father**
- Father Attributes
- Informant



Father

Father's Name

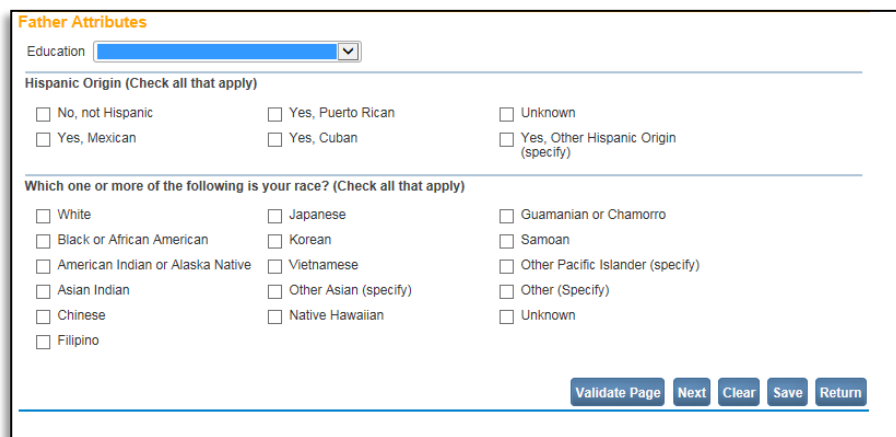
First Middle Last Suffix

Date of Birth Age Social Security Number ☐ None ☐ Unknown

Father's Birthplace

Birthplace State Birthplace Country

Validate Page Next Clear Save Return



Father Attributes

Education

Hispanic Origin (Check all that apply)

☐ No, not Hispanic ☐ Yes, Puerto Rican ☐ Unknown
☐ Yes, Mexican ☐ Yes, Cuban ☐ Yes, Other Hispanic Origin (specify)

Which one or more of the following is your race? (Check all that apply)

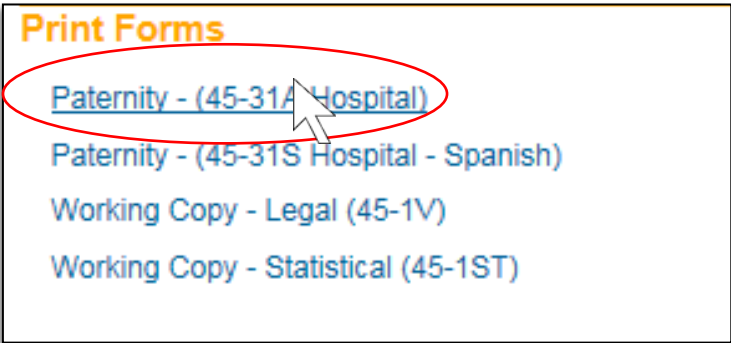
☐ White ☐ Japanese ☐ Guamanian or Chamorro
☐ Black or African American ☐ Korean ☐ Samoan
☐ American Indian or Alaska Native ☐ Vietnamese ☐ Other Pacific Islander (specify)
☐ Asian Indian ☐ Other Asian (specify) ☐ Other (Specify)
☐ Chinese ☐ Native Hawaiian ☐ Unknown
☐ Filipino

Validate Page Next Clear Save Return

6. To print the AOP form select **Print Forms** at the bottom of the **Birth Registration Menu**.



8. On the Print Forms page select **Paternity - (45-31A Hospital)** for English or **Paternity—(45-31S Hospital - Spanish)** for the Spanish form.



9. A PDF will open for printing.

Oregon Health Services
PUBLIC HEALTH DIVISION
Center for Health Statistics

Voluntary Acknowledgment of Paternity
THIS IS A LEGAL DOCUMENT

This document establishes paternity under ORS 432.098. Do not sign until you understand your legal rights and responsibilities as stated on the last page of this form. When both parents complete this document and their signatures are witnessed by hospital staff, this establishes paternity for the child and creates a legal duty for both parents to support their child, which includes financial support. Complete in ink and do not alter.

Section 1 – Child (as named on birth certificate)		HOSPITAL USE ONLY OVERS Case ID:
Child's name: (First Middle Last Suffix) Rose May test		6880200
Date of birth (mm/dd/yyyy): 12 / 20 / 2018	Child's birthplace (hospital or health care facility name): Good Samaritan Regional Medical Center	
Section 2 – Natural mother of child		
Mother's name: (First Middle Last Suffix) Peggy Test		
Last name before any marriages (Maiden name): Smith		Social Security number: Unknown
Date of birth (mm/dd/yyyy): 12 / 01 / 1970	Birthplace State (if not United States, name country): Oregon	Daytime telephone number: - - -
Section 3 – Natural father of child		
Father's name: (First Middle Last Suffix) David Curry		
Present address: No. and Street City State ZIP		Social Security number: 777-22-5555
Date of birth (mm/dd/yyyy): 12 / 01 / 1990	Birthplace State (if not United States, name country): Oregon	Daytime telephone number: - - -
Section 4 – Witnessed signatures		

Oregon Health Services
DIVISION DE SALUD PÚBLICA
Centro de Estadísticas de Salud

Reconocimiento Voluntario de Paternidad
THIS IS A LEGAL DOCUMENT
ESTE ES UN DOCUMENTO LEGAL

Este documento establece la paternidad según ORS 432.098. No lo firme hasta que comprenda sus derechos y responsabilidades legales (que figuran en la última página de este formulario). Cuando ambos padres completan este documento y firman ante un empleado del hospital que actúa como testigo, significa que establecen la paternidad del niño y se crea un deber legal por el que ambos padres deben mantener al niño, incluyendo la manutención económica. Escriba con tinta y no haga modificaciones.

SECCION 1 – NINO (SEGUN EL NOMBRE QUE FIGURA EN EL ACTA DE NACIMIENTO) (CHILD)		HOSPITAL USE ONLY OVERS Case ID:
Nombre del niño: (Primero Segundo Apellido Sufijo) Rose May test		6880200
Fecha de nacimiento (mm/dd/aaaa): 12 / 20 / 2018	Lugar de nacimiento del niño (nombre del hospital o institución de cuidado de la salud): Good Samaritan Regional Medical Center	
SECCION 2 – MADRE BIOLOGICA DEL NINO (NATURAL MOTHER OF CHILD)		
Nombre de la madre: (Primero Segundo Apellido Sufijo) Peggy Test		
Apellido antes de casarse (apellido de soltera): Smith		Nº de Seguro Social: Desconocido
Fecha de nacimiento (mm/dd/aaaa): 12 / 01 / 1970	Estado en el que nació (si no fue en los EE.UU., indicar país): Oregon	Nº de teléfono de día: - - -
SECCION 3 – PADRE BIOLOGICO DEL NINO (NATURAL FATHER OF CHILD)		
Nombre del padre: (Primero Segundo Apellido Sufijo) David Curry		Sufijo (Ejemplo: Jr. o Sr.)
Dirección actual: Nº y Calle Ciudad Estado Código postal		Nº de Seguro Social: 777-22-5555
Fecha de nacimiento (mm/dd/aaaa): 12 / 01 / 1990	Estado en el que nació (si no fue en los EE.UU., indicar país): Oregon	Nº de teléfono de día: - - -
SECCION 4 – FIRMAS ANTE TESTIGOS (WITNESSED SIGNATURES)		

10. Father's **Present Address**, **Daytime telephone number** and mother's **daytime phone number** will not be auto populated. This can be filled in after printing.

Present address: No. and Street	City	State	ZIP
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Daytime telephone number:

11. Forms will no longer be available five days after date of birth. The notarized 45-21 Affidavit of Paternity can be filled out by the parents five days after date of birth. It is available through most county offices.

Print Forms
Paternity - (45-31A Hospital)
Paternity - (45-31S Hospital - Spanish)
Working Copy - Legal (45-1V)
Working Copy - Statistical (45-1ST)

Cannot be printed if greater than 5 days old
Cannot be printed if greater than 5 days old

Return

12. The form can then be printed, signed and dated by the parents and witnessed by hospital staff. The rights and responsibilities will also print.

For assistance contact the OVERS Help Desk at 971-673-0279
Monday – Friday 8:00 AM – 5:00 PM.