

Voluntary Acknowledgment of Paternity (Form 45-31) Instructions

PATERNITY LAWS AND RULES

- Hospitals or other health care facilities shall make available to all non-married mothers a Voluntary Acknowledgment of Paternity form. The form (45-31) must be signed in the facility, in front of a facility witness. **This form may only be used while the mother is a patient of the facility where she gave birth, and within 5 days from the date of birth.** There is no fee for parents who complete this paperwork while the mother is admitted to the hospital or other birthing facility.
- Forms dated 01/01/2016 and later will be accepted for filing. Any forms dated prior to 01/01/2016 should be shredded and new forms requested.

Hospital witness' printed name	<u>X</u> Hospital witness' signature	Date witnessed
Name of hospital/facility:	City:	
FOR VITAL RECORDS USE ONLY	Date filed:	Per ORS 109.070(e), Paternity is established upon filing of this form by the State Registrar of the Center for Health Statistics.

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- If the mother is married 300 days prior to the birth of the child¹, or at any time during her pregnancy (including date of conception, date of birth, or anytime in between), her husband is the only man that may be listed as the father, even if he is not the biological father. Mother can refuse to list her husband as the father if she wishes. In order for the biological father to be added, she or her husband will need to obtain a court judgment disestablishing the husband and naming someone else as the father. The State office should be contacted for more details on this process at 971-673-1143. If the mother was married to two different men within the 300-day period, contact the State office for guidance at 971-673-1155.
- This form is NOT valid if either person signing the acknowledgment has:
 1. signed a consent to the adoption of the child, or signed a document relinquishing the child to a public or private child-caring agency;*
 2. had their parental rights terminated by a court; or,*
 3. been determined not to be the biological parent in adjudication.*

¹ These restrictions to the use of this form and process were established with the passage of House Bill 2382 during the 2007 Oregon Legislative Session.

- For 60 days after filing a Voluntary Acknowledgment of Paternity, either parent has the right to remove the father’s name from the birth certificate. Either the mother or the father can call the state office and request information about removing the father’s name from the record. A “Rescind or “Take Back of Paternity Acknowledgment” form must be completed and postmarked within 60 days of the date that the Voluntary Acknowledgment of Paternity was filed, per ORS 109.070. The only valid reason for rescinding a Voluntary Acknowledgment of Paternity or Voluntary Acknowledgment of Paternity Affidavit is if either of the signers is unsure that the man who signed the form is, in fact, the father of the child.
- It is the responsibility of the parents to get the father’s name listed on the birth certificate if the mother leaves the hospital or other health care facility without filling out a Voluntary Acknowledgment of Paternity. At any time thereafter, paternity can be established with the signing of a form called the “Voluntary Acknowledgment of Paternity Affidavit” (Form #4521). This form must be signed by both parents in the presence of a notary public. Hospitals and other facilities may give this form to the parents, or the parents can go to their local county health department or call the State Vital Records office (Center for Health Statistics) to obtain this form. There is a \$35.00 amendment fee for adding the father’s name if the Voluntary Acknowledgment of Paternity Affidavit form is filed more than 14 days after the date of birth.
- According to federal law, parents must *hear* the “Statement of Rights and Responsibilities,” which is also printed on the back of the form. Staff may read the Statement, or parents may read the Statement aloud to one another. An English language version can be found here: <http://public.health.oregon.gov/BirthDeathCertificates/ChangeVitalRecords/Document%20Docs/45-21rights.pdf> and a Spanish language version here: <https://public.health.oregon.gov/BirthDeathCertificates/ChangeVitalRecords/Pages/InstructionsPaternity.aspx>
- **Parents must print and sign their own *names*, and write (in their own hands) the date that they signed the form. This information may not be typed or filled out by hospital staff.**

INSTRUCTIONS

- 1) Please remember that this is a LEGAL DOCUMENT. Do not use white out. Minor corrections initialed by the person entering the information at the time the form is filled out will be accepted. No corrections will be accepted to the child’s name. Unacceptable corrected forms or forms with blank spaces will be rejected and new forms will be required.

Use the 'Hospital Use Only' box on the top right corner to enter the OVERS birth record case ID. Do not write in the margins or across the top of the form.

The image shows the top portion of a 'Voluntary Acknowledgment of Paternity' form. On the left is the Oregon Health Authority logo and 'PUBLIC HEALTH DIVISION Center for Health Statistics'. The title is 'Voluntary Acknowledgment of Paternity' with the subtitle 'THIS IS A LEGAL DOCUMENT'. A paragraph explains that the document establishes paternity under ORS 432.098 and that it must be completed in ink. A section titled 'Section 1 - Child (as named on birth certificate)' contains fields for 'Child's name: First, Middle, Last, Suffix (Example: Jr. or Sr.)', 'Date of birth (mm/dd/yyyy)', and 'Child's birthplace (hospital or health care facility name)'. A box on the right is labeled 'HOSPITAL USE ONLY OVERS Case ID:' and is circled in red.

- 2) The Voluntary Acknowledgment is used while mother is in the hospital or other health care facility only. The form must be completed within 5 days of birth and while mother is still admitted to the hospital.

The image shows the bottom portion of the 'Voluntary Acknowledgment of Paternity' form. It features the same Oregon Health Authority logo and title as the top portion. A red oval highlights the text: 'FOR USE ONLY BY HOSPITAL OR OTHER HEALTH CARE FACILITIES AS DESCRIBED IN ORS 432.098.' Below this, a box contains the instruction: 'Important: Read and understand all the information below and on the back of this Voluntary Acknowledgment of Paternity (Acknowledgment) before you sign.' At the bottom, it says: 'PARENTS: After completion, please remove and keep the MOTHER copy and the FATHER copy for'.

- 3) Once the acknowledgment is completed, the first page is removed and can be discarded. The second page is sent to the State Vital Records office and the last two pages go to the parents. Please remind the parents that **these are their copies of this legal form**. After filing, only the parents listed, or the registrant age 18 or over, or a child support enforcement agency will be able to order without a court order from an Oregon court.

Hospital witness' printed name		<u> X </u>	Hospital witness' signature	Date witnessed
Name of hospital/facility:		City:		
FOR VITAL RECORDS USE ONLY	Date filed:	Per ORS 109.070(e), Paternity is established upon filing of this form by the State Registrar of the Center for Health Statistics.		
CENTER FOR HEALTH STATISTICS		45-31 (01/16)		
USE ONLY	by the State Registrar of the Center for Health Statistics.			
MOTHER		45-31 (01/16)		
USE ONLY	by the State Registrar of the Center for Health Statistics.			
FATHER		45-31 (01/16)		

- 4) Sections 1, 2, and 3 must be completed with all the required information pertaining to the child, mother and father.

Please verify that each section is complete and that the names match the birth certificate or birth worksheets. **Every effort should be made to gather all requested information about the mother and father.** However, if information such as Social Security Number, Daytime Telephone Number, or Present Address is not known, enter either “None” or “Unknown” in the space provided. **Do not leave any spaces blank.**

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 back 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 Jennifer	Middle Marie	Last Applegate	Suffix (Example: Jr. or Sr.):	
Date of birth (mm/dd/yyyy): 09 / 15 / 2016	Child's birthplace (hospital or health care facility name): Legacy Good Samaritan			
Section 2 – Natural mother of child				
Mother's name: First Linda	Middle Dawn	Last Applegate	Suffix (Example: Jr. or Sr.):	
Last name before any marriages (Maiden name): Applegate			Social Security number: 123 – 45 – 6789	
Date of birth (mm/dd/yyyy): 04 / 02 / 1990	Birthplace State (if not United States, name country): Idaho		Daytime telephone number: – none –	
Section 3 – Natural father of child				
Father's name: First Jonathan	Middle Andrew	Last Hampton	Suffix (Example: Jr. or Sr.):	
Present address: No. and Street None		City	State	ZIP
			Social Security number: unknown	
Date of birth (mm/dd/yyyy): 11 / 12 / 1991	Birthplace State (if not United States, name country): Washington		Daytime telephone number: – none –	
Section 4 – Witnessed signatures				

Complete every field on the form. Enter "none" or "unknown" only for social security numbers, telephone numbers, or addresses if information is not available.

- 5) Please make sure the box “Last name before any marriages (Maiden name) is complete. This is the last name that is on the mother’s birth certificate or her last name at birth or upon adoption.
- 6) Please note that the bottom portion of the acknowledgment is not to be completed without a hospital-staff witness present.
- 7) Signature lines contain the most common errors on the paternity form. Please be sure that the parents **print** their legal names, **sign** their legal names, and **date their signatures** (demonstrated as “**A**” in the example below). Do not type these dates. They should be printed by the signers (parents and witnesses).
- 8) Please be sure that a **hospital witness** prints their name, signs their name, and dates their signature for each parent’s signature (demonstrated as “**B**” in the example below).

Establishing paternity of the child

Do not sign until hospital witness is present.

A Jennifer Marie Applegate Mother's printed name	X Jennifer Applegate Mother's signature	9/16/2016 Date signed
B Brenda Miller Hospital witness' printed name	X Brenda Miller Hospital witness' signature	9/16/2016 Date witnessed
A Jonathan Hampton Father's printed name	X Jonathan Hampton Father's signature	9/17/2016 Date signed
B Louise Vega Hospital witness' printed name	X Louise Vega Hospital witness' signature	9/17/2016 Date witnessed
Name of hospital/facility: Legacy Good Samaritan Hospital		City: Portland
FOR VITAL RECORDS USE ONLY	Date filed:	Per ORS 109.070(6), Paternity is established upon filing of this form by the State Registrar of the Center for Health Statistics.

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- 9) Signature dates for the mother and the mother's witness must be on the same date. Likewise, signatures for the father and the father's witness must be on the same date. The dates when mother and father sign do not have to be the same date, but they both must be within the "5-day" or "still admitted to the hospital" time period as stated at the beginning of the form. Please be sure that the printed dates are legible. If an error is made in the date section, the date may be corrected and the correction initialed by the parent or witness who made the error. Corrections cannot be made for another signer.
- 10) Enter the Hospital or Facility name and City at the bottom of the form.

The Voluntary Acknowledgment of Paternity form is a legal document. It cannot be accepted if it is incomplete, has been altered, or was not signed and dated in the presence of a witness within five days after the birth. If the form has been completed incorrectly, the State Vital Records Office (Center for Health Statistics) provides one opportunity to have the father's name remain on the birth certificate, and establish paternity, without charging additional fees. Both parents must complete and sign a new Voluntary Acknowledgment of Paternity Affidavit (Form #45-21) in the presence of a notary public. If the form is not returned by the date specified, the father's name is removed from the birth certificate. If this Affidavit form is filed at either the State or County office within 14 days of the date of birth, there will be no fee. Later requests to establish paternity will incur a \$35 amendment fee, plus a \$25 fee for a new certified copy of the birth certificate.

For Additional Information

We appreciate your attention to detail when filling out this form, or when assisting families to fill out this form. If you are in need of additional assistance or would like training regarding the process of filling out this paperwork or filing with the vital records office, please call the Paternity Specialist at 971-673-1176, or the Partner Services Manager at 971-673-1160. If either you or the family have questions regarding child support or other issues relating to child support, contact the state Child Support Division at 971-673-1690. Collect calls are accepted when calling child support offices.

The Center for Health Statistics provides postage-paid envelopes for mailing the forms. To order envelopes or forms, complete the order form available on our website at:

<http://public.health.oregon.gov/BirthDeathCertificates/RegisterVitalRecords/Documents/4543.pdf> and fax it to 971-673-1201.

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