

**INSTRUCTIONS FOR HOSPITALS, MIDWIVES, AND OTHER
BIRTHING FACILITIES COMPLETING THE AFFIDAVIT
ACKNOWLEDGING PATERNITY**

THIS IS A LEGAL DOCUMENT. TYPE OR COMPLETE IN BLACK INK AND DO NOT ALTER.

You are mandated by federal law to present the Voluntary Paternity Acknowledgment Program to all unwed parents under your care. The information must be provided orally by explaining the affidavit process to the parents or showing the video “The Power of Two,” and in writing by distributing the brochures entitled “Voluntary Paternity Acknowledgment Program of Arkansas.” The Office of Child Support Enforcement (OCSE) will furnish you with all the materials you will need for this program.

Hospitals, midwives, and other birthing facilities shall not charge a fee for this service.

Under no circumstances should the Acknowledgment of Paternity (AOP) form be submitted to OCSE or the Division of Vital Records bearing crossed out or whited out information. Altered documents are questionable and often not admissible in court.

It is preferred that hospital personnel, midwives, or other authorized entities complete the AOP forms to avoid mistakes in recording information. Requested information should not be left blank. If information is omitted on the AOP, OCSE will make the determination as to the validity of the document and return to sender if necessary. Social Security numbers are mandatory. Write “none” if parents do not have Social Security numbers.

Parents should review and verify all information before signing in the presence of a notary public.

Do not notarize this form if you do not witness the signature. A notary public violating Arkansas law in respect to witnessing signatures can be guilty of a Class A misdemeanor. For information on notary penalty and revocation, refer to the Arkansas notary public handbook provided by the Secretary of State. **Notaries choosing to use a rubber stamp instead of the metal embosser, must stamp each signature and on each copy.**

This Acknowledgment of Paternity should be completed for children born in Arkansas. Parents of children born in another state should complete that state’s form.

**THIS PAGE IS INFORMATIONAL FOR PROVIDERS ONLY. IT IS PERFORATED. PLEASE
REMOVE BEFORE DISTRIBUTING THE FORM TO UNWED PARENTS.**

ACKNOWLEDGMENT OF PATERNITY

Please read these instructions before filling out this form. Read the important information about your rights and responsibilities on the back of this form.

1. This Acknowledgment of Paternity may not be signed before your child is born.
2. This is a legal document. Type or complete in black ink and do not alter.
3. Fill in all of the spaces. List your insurance even if it will not cover the hospital bill for your child's birth. If you do not have insurance, write "none" in that space. Disclosure of your Social Security number is mandatory under P. L. 104-193 and may be used for child support purposes.
4. Each parent must sign in the presence of a notary public. Show the notary identification with your picture, such as a driver's license or school ID. If the notary uses a rubber stamp they must stamp both the mother's and father's signatures and on each copy.
5. If you are completing this form at the hospital when your baby is born, tell the staff when you are ready to sign. They will help you with the notary and mail it for you. If you give the completed Acknowledgment for Paternity to the hospital staff responsible for birth certificates before the birth certificate is sent to the Division of Vital Records, there is no filing fee.
Note: there will be a charge of \$12.00 for a copy of the birth certificate when you order it from the Division of Vital Records.
6. If you are completing this form after the hospital has sent the birth certificate to the Division of Vital Records, remember to sign this Acknowledgment in front of a notary public. If the notary uses a rubber stamp they must stamp both the mother's and father's signatures and on each copy. If you want to change your child's last name, carefully read and follow the directions under the child's information section on the Acknowledgment of Paternity form. The parents should keep the blue copies of this form. Send the **white** (original) to the Office of Child Support Enforcement and the **white** (copy) to the Division of Vital Records at the addresses shown below.

Office of Child Support Enforcement
P.O. Box 8133
Little Rock, Arkansas 72203

Division of Vital Records
Arkansas Department of Health
4815 West Markham, Slot 44
Little Rock, Arkansas 72205

For a copy of an updated birth certificate enclose a fee of \$27.00 with the **white** copy. This \$27.00 includes \$15.00 for the filing fee and \$12.00 for a copy of the birth certificate.

7. This Acknowledgment of Paternity may be signed for any child who was born in Arkansas. It can be mailed to a parent anywhere to be signed in the presence of a Notary.
8. If the mother was married when she became pregnant or anytime while she was pregnant, but the husband is not the biological (natural) father, follow the instructions on the back of this Acknowledgment of Paternity (Denial of Husband's Paternity). An acknowledgment denying paternity must be submitted **before the hospital submits the birth certificate to the Division of Vital Records.**
9. Any person signing a voluntary acknowledgment of paternity may change their mind and rescind their acknowledgement. To do this, you should complete a rescission form and file it with the Division of Vital Records. You may request a rescission form by calling the Division of Vital Records at 1-800-637-9314. The rescission form must be filed prior to any administrative or judicial proceeding regarding the child takes place, or within sixty (60) days from the date the voluntary acknowledgment is signed, which ever comes first. After sixty (60) days, the only way to change the established parents of the child is to file a motion with the court. A motion, if filed, must be based on a claim that the signing of the acknowledgment was because of fraud, duress, or material mistake of fact. You may want to discuss with your attorney what facts might be needed to prove these claims.

ACKNOWLEDGMENT OF PATERNITY

This is a legal document. Type or complete in black ink, and do not alter.

CHILD'S INFORMATION

Name of Child – First, Middle, Last	Date of Birth- MM/DD/YY	Male or Female
Place of Birth – City, County, State	Hospital	

If you are completing this form after the birth certificate has been filed and want to change your child's last name, put your child's current last name above. Put the new last name for your child here (please print): _____.

MOTHER'S INFORMATION

Name of Mother – First, Middle, Last	Maiden	Date of Birth – MM/DD/YY
Mother's Address (Street, City, State & Zip Code)	Mother's Social Security Number *	
Mother's Medical Insurance – Company	Policy Number	Mother's Daytime Phone Number

FATHER'S INFORMATION

Name of Father – First, Middle, Last	Date of Birth – MM/DD/YY
Father's Address (Street, City, State & Zip Code)	Father's Social Security Number *
Father's Medical Insurance – Company	Policy Number
Father's Place of Birth	Hispanic Yes/No
	Father's Daytime Phone Number
	Race

Parents, Before Signing Please Ensure That All Information Is Correct. Check Names, Dates, and Social Security Numbers.

<p>I have read the back of this form and I understand it. I certify that I am the natural mother and the man named above is the only possible biological father of this child. I consent to this Acknowledgment of Paternity. I request that this child's last name be changed if a new name is indicated above.</p> <p>_____ Mother's Signature (current last name)</p> <p>_____ Print Name</p>	<p>I have read the back of this form and I understand it. I certify that I am the biological father of the child named above. I accept the obligation to provide child support as determined by state law. I request that this child's last name be changed if a new name is given above.</p> <p>_____ Father's Signature (current last name)</p> <p>_____ Print Name</p>
<p>State of _____ County of _____</p> <p>Signed and affirmed before me on _____ Day of _____ 20____</p> <p>_____ Signature of Notary Public</p> <p>My Commission expires on _____.</p>	<p>State of _____ County of _____</p> <p>Signed and affirmed before me on _____ Day of _____ 20____</p> <p>_____ Signature of Notary Public</p> <p>My Commission expires on _____.</p>

<p>_____ City, State & Zip code where acknowledgment signed</p>	<p>_____ City, State & Zip code where acknowledgment signed</p>
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***Disclosure of your Social Security Number is mandatory under P.L. 104-193 and may be used for child support purposes.
1 White original, 1 White copy, 2 Blue parents**

ACKNOWLEDGMENT OF PATERNITY
NOTICE OF RIGHTS AND RESPONSIBILITIES
READ THIS BEFORE YOU SIGN THIS FORM

1. **When both parents have properly signed this Acknowledgment of Paternity, the man who signed it becomes the legal father of the child for all purposes.** Disclosure of your Social Security Number is mandatory under P.L. 104-193 and may be used for child support purposes. Based on this Affidavit, the court may order either parent to pay child support, which also includes medical support, for the child.
2. If either one of you is not sure that this man is the biological (natural) father of this child you should not sign this form. You should have a paternity test. If the test shows that the man is the father, both of you may sign the acknowledgment then.
3. Any person signing a voluntary acknowledgment of paternity may change their mind and rescind their acknowledgment. To do this, you should complete a rescission form and file it with the Division of Vital Records. You may request a rescission form by calling the Division of Vital Records at 1-800-637-9314. The rescission form must be filed prior to any administrative or judicial proceeding regarding the child takes place, or within sixty (60) days from the date the voluntary acknowledgment is signed, whichever comes first. After sixty (60) days, the only way to change the established parents of the child is to file a motion with the court. A motion, if filed, must be based on a claim that the signing of the acknowledgment was because of fraud, duress, or material mistake of fact. You may want to discuss with your attorney what facts might be needed to prove these claims.
4. The court may, after making such finding, direct the mother, the child, and the presumed father to submit to scientific testing for paternity as provided by ACA §9-10-108. The burden of proof shall be upon the person challenging the establishment of paternity, and the duty to pay child support and other legal obligations shall not be suspended while the motion is pending, except for good cause shown. The specific basis supporting the good cause findings shall be recited in the court's order.
5. This child may have the right to receive benefits as the legal child of the man who signed this form. These include medical insurance, inheritance rights, Social Security and Veteran's benefits.
6. This Affidavit does not automatically give the father visitation or custody rights, but the Affidavit may be used as a basis to ask the court to establish these rights.
7. **If you want legal advice, you should talk to an attorney.** If you want to establish paternity in court or need other support services, you may call the Office of Child Support Enforcement at 501-682-8399.

DENIAL OF HUSBAND'S PATERNITY

- A. If the mother was married when she became pregnant with this child, or anytime during the pregnancy, the husband is the legal father and must be shown on the child's birth certificate, unless this section is completed. If the husband/ex-husband is not the biological (natural) father of this child, the mother and the husband/ex-husband can complete this section of the Affidavit in front of a notary. If this section has been completed and the Affidavit is given to the hospital staff **before** the hospital submits the birth certificate to the Division of Vital Records, the biological (natural) father will be listed as the father on the birth certificate, provided the biological father acknowledges paternity.
- B. If this Affidavit is not submitted **before** the hospital submits the birth certificate to the Division of Vital Records, the husband/ex-husband will be listed as the father and a certified court order will be required to remove the husband's/ex-husband's name and add the biological father. The mother and her husband/ex-husband must sign below on the blue and **white** copies and the original (white). The mother and biological (natural) father must sign the front of this Affidavit.

Note: The Notary must stamp both the mother's and husband's/ex-husband's signatures on each copy.

I solemnly swear or affirm that I am the husband or ex-husband of the mother shown on this Acknowledgment of Paternity, and that I am not the biological (natural) father of the child on this Acknowledgment of Paternity.

I solemnly swear or affirm that I was married during all or part of the pregnancy of this child to the man whose name is shown here, and that he is not the biological (natural) father of the child on this Acknowledgment of Paternity.

Husband's/Ex-husband's Signature

Mother's Signature (current last name)

Print Name

Print Name

State of _____ County of _____

State of _____ County of _____

Signed and affirmed before me on

Signed and affirmed before me on

_____ Day of _____ 20____

_____ Day of _____ 20____

Signature of Notary Public

Signature of Notary Public

My Commission expires on _____.

My Commission expires on _____.