# LOUISIANA BIRTH REGISTRATION

# **Sources of Acknowledgment of Paternity Affidavit Forms**

Your Louisiana birthing hospital will make an Acknowledgment of Paternity affidavit form available to you during your hospital stay and will notarize the document after you and your child's father sign it. If you want to add paternity information to your child's birth certificate and change your child's name after birth registration, you may use a form printed from our web site or obtain a blank Acknowledgment of Paternity affidavit form from the Deputy Local Registrar at your Parish Health Unit.

<u>Preparation of Acknowledgment of Paternity Affidavit</u> – Acknowledgment of Paternity Affidavits are important legal documents. Adhere carefully to the following instructions:

- > The paternity affidavit must be prepared using an appropriate Louisiana Acknowledgment of Paternity Affidavit format.
- Submit the original and one copy of the completed, signed and notarized affidavit to the Vital Records Registry. We will process your request, retain the original Affidavit, and forward the copy to the state Child Support Enforcement agency. The parents should also each retain a copy.
- > Prepare the affidavit in ink. Black ink is preferred. Affidavits prepared in pencil will be rejected.
- > Complete all items. Do not leave an item blank. If an item is "not applicable," so indicate.
- > Avoid errors/erasures. If an error occurs, it is recommended that you prepare an entirely new affidavit.
- ➤ Verify the spelling of all names. The birth registrant's name will be recorded as shown on the affidavit. Affidavits that show discrepancies between parental and registrant surnames will be rejected as will affidavits that show erroneous dates, etc.
- > Sign the affidavit in front of the notary and two witnesses. Only properly notarized affidavits can be accepted.
- > Read and initial the Notice of Alternatives, Rights and Responsibilities inscribed on the third page of the affidavit and initial at the bottom of the page.

Note that LSA – R.S. 40:41 provides for a fine of up to ten thousand dollars or imprisonment for up to five years <u>or both</u> for any person convicted of willfully and knowingly providing false information or making a false statement in a Louisiana birth certificate or form presented in support of a birth certificate.

# Processing an Acknowledgment of Paternity Affidavit

Acknowledgment of Paternity Affidavits executed in the hospital at the time of birth are submitted to the Vital Records Registry with the birth registration by hospital staff. They are processed and filed without charge. Your child's birth certificate will reflect the name and paternity information shown on the Affidavit.

Acknowledgment of Paternity Affidavits executed after your child's birth has been registered require special processing at the Central Vital Records Registry and statutory fees are applicable. Please be guided by the following:

Submit an appropriate original completed Acknowledgment of Paternity Affadavit, all existing certified cop(ies) of the child's birth certificate or a \$15 search fee if you cannot provide a copy, any supporting evidentiary document(s), the statutory filing fee of eighteen (\$18) dollars, plus the state charge of \$.50 per mail transaction to:

Louisiana Vital Records Registry, Attn: Document Alteration Section, P.O. Box 60630, New Orleans, LA 70160

The fee does not include the cost of a certified copy of the record after the amendment is filed. Please include an additional fee of \$9.00 for each copy of the amended certificate requested at the time of the amendment. Certified copies purchased at a later date will be fifteen dollars each plus the state charge of \$.50 for each mail transaction.

**VR Packet 19 Rev. 4/05** 

# STATE OF LOUISIANA

# ACKNOWLEDGMENT OF PATERNITY AFFIDAVIT CHILD BORN OUTSIDE OF MARRIAGE

NOTICE: You must read all three pages and initial the third page of this form before you sign the affidavit.

This is a legal document. Complete in ink and do not alter.

<b>SECTION I. CHILD'S INFOR</b>	MATION						
Name of Child - First, Middle, Last (As it appears	on birth certificate)					Date of	Birth - (Month, Day, Year)
Place of Birth - City, State			Name of Hospital			I .	
Name of Child - First, Middle, Last (As the parent	s want it to appear o	n birth certificate)					
SECTION II. MOTHER'S INF	ORMATION						
Name of Mother - First, Middle, Last				(Maiden Na	me)	Date of	Birth - (Month, Day, Year)
Mother's Address							Mother's Phone Number
Mother's Place of Birth - City, State		Race (Circle)  If Other, List:	American Indian, Bl	ack, White, Asian		Mother's	s Social Security Number
Mother's Employer - Name & Address					Mother's Occ	cupation	
Was Mother Married at Time of Birth Circle One: Yes No	If Yes,	Name and Address of H	Husband		l		
Does Mother Have Health Insurance  Circle One: Yes No	If Yes,	Name of Insurance Cor	mpany and Policy No.				Medicaid: One: Yes No
SECTION III. FATHER'S INF	ORMATION						
Name of Father - First, Middle, Last						Date of	Birth - (Month, Day, Year)
Father's Address						F	Father's Phone Number
Father's Place of Birth - City, State		Race (Circle)	American Indian, Bl	ack, White, Asian		Father's	Social Security Number
Father's Employer - Name & Address		, , , , , , , , , , , , , , , , , , , ,			Father's Occ	cupation	
Father's Guardian (If Father under age 18) Print N	Name	Guardian's Address			Guardian's S	Signature	
Does Father Have Health Insurance Circle One: Yes No	If Yes,	Name of Insurance Cor	mpany and Policy No.				

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MOTHER: I certify that I am the MOTHER of the child named above and that all statements made herein are true and correct to the best of my knowledge.

I am signing this Affidavit voluntarily and of my own free will. I acknowledge that the man named above is the biological father of my child. I give my consent to have his name appear on the Certificate of Birth of my child. I further acknowledge that I have received oral and written notice of the legal rights and consequences resulting from my acknowledging the paternity of my child and I understand this notice.

MOTHER'S SIGNATURE	DATE
WITNESS	WITNESS
State of Louisiana, Parish of	
	Signature, then Print Name of Notary/Authorized Hospital Employee
Signed and Affirmed before me on the day of:	
	State Notary Registration Number:
,	My Commission Expires on:
FATHER'S SIGNATURE	DATE
GUARDIANS' SIGNATURE (If Father Under Age 18)	DATE
WITNESS	WITNESS
State of Louisiana, Parish of	
	Signature, then Print Name of Notary/Authorized Hospital Employee
Signed and Affirmed before me on the day of	
	State Notary Registration Number:
	My Commission Expires on:

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# NOTICE OF ALTERNATIVES, RIGHTS AND RESPONSIBILITIES

This is a legal document. Signing the form is voluntary. Since this form has legal consequences, you may want to consult an attorney before signing.

When this Acknowledgement is properly completed and signed, the biological father's name is entered on the birth certificate and the man becomes the legal father of the child. This acknowledgement has the same effect as a court order establishing paternity and can be used as a basis for entering a child support order.

If either of you is not sure that this man is the biological father of this child, you should not sign the form. You should have a genetic test.

Mothers who were married to someone other than the biological father when the child was conceived or born or were divorced for less than three hundred days when the child was born must use the VRR-44 3P affidavit form, instead of this form.

# **RIGHTS AND RESPONSIBLITIES OF A PARENT**

- Either party has the right to request a genetic test to determine if the alleged father is the biological father of the child.
- The alleged father has the right to consult an attorney before signing an acknowledgement of paternity.
- If the alleged father does not acknowledge the child, the mother has the right to file a paternity suit to establish paternity.
- After the alleged father signs an acknowledgement of paternity, he has the right to pursue visitation with the child and the right to petition for custody.
- · Once an acknowledgement of paternity is signed, the father may be obligated to provide child support for the child.
- Once an acknowledgement of paternity is signed, the child will have inheritance rights and any rights afforded children born in wedlock.
- A party who executed a notarial act of acknowledgement may rescind the act, without cause, before the earlier of the following:
  - Sixty days after the signing of the act, in a court hearing for the limited purpose of rescinding the Acknowledgment.
  - A court hearing relating to the child, including a child support proceeding, in which the father is involved.

Thereafter, the acknowledgement of paternity may be voided only upon proof, by clear and convincing evidence, that such act was induced by fraud, duress, or material mistake of fact, or that the father is not the biological father.

#### **BENEFITS FOR YOUR CHILD**

Every child has the right to know his or her mother and father and benefit from a relationship with both parents.

Both of your names will appear on the child's birth certificate.

It will be easier for your child to learn medical histories of both parents and to benefit from health care coverage available to you.

It will be easier for your child to receive benefits such as dependent or survivor's benefits from the Veteran's Administration or from the Social Security Administration as well as share any estate should you die.

To indicate that you have read and understood this notice of alternatives, rights and responsibilities, please initial below. If you require further assistance you may call us at (504) 219-4500 and ask for the Alterations Section.

Mother's Initials	Father's Initials
Distribution: Original to Vital Records, copy for Support En	forcement and for each Parent

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# STATE OF LOUISIANA

# ACKNOWLEDGMENT OF PATERNITY AFFIDAVIT CHILD BORN OF MARRIAGE

NOTICE: You must read all three pages and initial the third page of this form before you sign the affidavit.

This is a legal document. Complete in ink and do not alter.

SECTION I. CHILD'S INFORMATION							
Name of Child - First, Middle, Last					I	Date of	Birth - (Month, Day, Year)
Place of Birth - City, State		Name of Hospital					
Name of Child - First, Middle, Last (As the parents want it to appea	r on the birth	certificate)					
SECTION II. MOTHER'S INFORMATIO	N						
Name of Mother - First, Middle, Last (Maiden Name)				ame) I	Date of Birth - (Month, Day, Year)		
Mother's Address							Mother's Phone Number
Mother's Place of Birth - City, State  Race (Circle  If Other, List			) American Indian, Black, White, Asian			Mother	's Social Security Number
Mother's Employer - Name & Address					Mother's Occup	oation	
Was Mother Married at Conception of Birth  Circle One: Yes No	If Yes, Name	e and Address of H	lusband				
Does Mother Have Health Insurance Circle One: Yes No	If Yes, Name of Insurance Company and Policy No.				State Medicaid: Circle One: Yes No		
SECTION III. FATHER'S INFORMATIO	N						
Name of Father - First, Middle, Last					I	Date of	Birth - (Month, Day, Year)
Father's Address							Father's Phone Number
Father's Place of Birth - City, State  Race (Circle)  If Other, List:			) American Indian, Black, White, Asian :			Father's Social Security Number	
Father's Employer - Name & Address					Father's Occup	ation	
Father's Guardian (If Father under age 18) Print Name	Guar	rdian's Address			Guardian's Sigi	nature	
Does Father Have Health Insurance If Yes, Name of Insurance Company and Policy No.  Circle One: Yes No							

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to have his name appear on the Certificate of Birth of my child. I declare and affirm that I lived separate and apart from the legal presumptive father for a minimum of one hundred and eighty days prior to the time of conception and have not reconciled since the beginning of the one hundred and eighty-day period.. I further acknowledge that I have received oral and written notice of the legal rights and consequences resulting from my acknowledging the paternity of my child and I understand this notice. MOTHER'S SIGNATURE DATE WITNESS WITNESS State of Louisiana, Parish of Signature, then Print Name of Notary/Authorized Hospital Employee Signed and Affirmed before me on the \_\_\_\_\_ day of State Notary Registration Number: \_\_ My Commission Expires on: FATHER: I certify that I am the biological FATHER of the child named above and that all statements made herein are true and correct to the best of my knowledge. I am signing this Affidavit voluntarily and of my own free will. I acknowledge that I have received oral and written notice of the legal rights and consequences resulting from my acknowledging the paternity of my child and I understand this notice. **FATHER'S SIGNATURE** DATE WITNESS WITNESS State of Louisiana, Parish of Signature, then Print Name of Notary/Authorized Hospital Employee Signed and Affirmed before me on this date of : \_\_\_\_ State Notary Registration Number: \_\_\_ My Commission Expires on: HUSBAND / EX-HUSBAND OF THE MOTHER: I certify that I was married to the mother of this child at the time of conception or birth; however, I am not the biological father. Further, I declare and affirm that I lived separate and apart from the mother for a minimum of one hundred and eighty days prior to the time of conception and have not reconciled with her since the beginning of the one hundred and eighty-day period. **FATHER'S SIGNATURE** DATE WITNESS WITNESS State of Louisiana, Parish of Signature, then Print Name of Notary/Authorized Hospital Employee Signed and Affirmed before me on this date of : \_\_\_\_\_\_\_, \_\_\_\_\_ State Notary Registration Number: \_\_

**MOTHER:** I certify that I am the MOTHER of the child named above and that all statements made herein are true and correct to the best of my knowledge. I am signing this Affidavit voluntarily and of my own free will. I acknowledge that the man named above is the biological father of my child. I give my consent

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My Commission Expires on:

# NOTICE OF ALTERNATIVES, RIGHTS AND RESPONSIBILITIES

This is a legal document. Signing the form is voluntary. Since this form has legal consequences, you may want to consult an attorney before signing.

When this Acknowledgement is properly completed and signed, the biological father's name is entered on the birth certificate in place of the name of the husband of the mother. This acknowledgement has the same effect as a court order establishing paternity and can be used as a basis for entering a child support order.

If either of you is not sure that this man is the biological father of this child, you should not sign the form. You should have a genetic test.

Mothers who are married to someone other than the biological father or were married to someone other than the father when the child was conceived or have been divorced for less than three hundred days must have the agreement of their husband/ ex-husband to execute this affidavit. Further, the use of this affidavit is limited to cases where the husband and the mother lived separate and apart continuously for a minimum of one hundred and eighty days prior to the conception of the child and have not reconciled since the beginning of the one hundred eighty-day period. If the agreement of the husband cannot be obtained or if the couple cannot meet the statutory requirements, this affidavit cannot be used and in order for the biological father's name to be added to the birth certificate, a court must establish paternity.

#### RIGHTS AND RESPONSIBLITIES OF A PARENT

- Either party has the right to request a genetic test to determine if the alleged father is the biological father of the child.
- The alleged father has the right to consult an attorney before signing an acknowledgement of paternity.
- If the alleged father does not acknowledge the child, the mother has the right to file a paternity suit to establish paternity.
- After the alleged father signs an acknowledgement of paternity, he has the right to pursue visitation with the child and the right to petition for custody.
- Once an acknowledgement of paternity is signed, the father may be obligated to provide child support for the child.
- Once an acknowledgement of paternity is signed, the child will have inheritance rights and any rights afforded children born in wedlock.
- A party who executed a notarial act of acknowledgement may rescind the act under certain conditions.

# **BENEFITS FOR YOUR CHILD**

Every child has the right to know his or her mother and father and benefit from a relationship with both parents.

Both of your names will appear on the child's birth certificate.

Distribution: Original to Vital Records, 1 for Support Enforcement, 1 for each Parent

It will be easier for your child to learn medical histories of both parents and to benefit from health care coverage available to you.

It will be easier for your child to receive benefits such as dependent or survivor's benefits from the Veteran's Administration or from the Social Security Administration as well as share any estate should you die.

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To indicate that you have read and understood this notice of alternatives, rights and responsibilities, please initial below. If you require further assistance you may call us at (504) 219-4500 and ask for the Alterations Section.

Mother's Initials:	Father's Initials: