



Voluntary Acknowledgment of Paternity (Form # 45-31) Guidelines & Instructions (Effective January 1, 2008)

Paternity Laws and Rules:

- Hospitals or other health care facilities shall make available to all non-married parents 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.
- If the mother is married 300 days prior to the birth of the child*, 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 and her husband will need to get a court order naming someone else as the father. The State office should be contacted for more details on this process.
- *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.

[*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.]

Paternity Laws and Rules (continued):

- 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 of Paternity" form must be completed and postmarked within 60 days of the date that the Voluntary Acknowledgment of Paternity was filed. (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 Paternity Acknowledgement. At any time thereafter, paternity can be established with the signing of a form called the "Voluntary Acknowledgment of Paternity Affidavit" (Form #45-21). 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 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 \$30.00 amendment fee for adding the father's name if the 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 printed on the back of the form. Staff may read the Statement, or parents may watch the DVD provided by the State. The DVD contains both English and Spanish versions, and there is a Spanish version of the printed Statement.
- **Parents must print and sign their 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.**

Facilities: Please fax requests for forms and DVDs to the Center for Health Statistics at 971-673-1201.

Instructions

#1) Please remember that this is a LEGAL DOCUMENT. No white out, cross out with initials, or other corrections are allowed. "Corrected" forms, or forms with blank spaces, are voided and a new form must be completed.

#2) The Voluntary Acknowledgement 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 hospital.

State of Oregon
Department of Human Services
Center for Health Statistics

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

VOLUNTARY ACKNOWLEDGMENT OF PATERNITY
FOR USE ONLY BY HOSPITAL OR OTHER HEALTH CARE FACILITIES AS DESCRIBED IN ORS 442.015(16)(a)

PARENTS: After completion, please detach and retain the second and third copies for your files. The original form will be placed in a sealed file. After filing, a copy cannot be obtained except by court order.

A. Oregon law permits the establishment of paternity by voluntary acknowledgment if the mother of the child was not married at the time of the child's conception, birth, anytime in between, or 300 days prior to the birth of the child. In addition, a voluntary acknowledgment is NOT valid if a person signing the acknowledgment has;

- Signed a consent to the adoption of the child or signed a document relinquishing the child to a public or private child-caring agency;
- Had their parental rights terminated by a court; or
- Been determined not to be the biological parent in an adjudication.

B. This form must be signed by both parents and witnessed by a hospital staff member in the facility where the child was born within five days after the birth of the child. The mother must still be a patient of the facility at the time this Acknowledgment is signed and witnessed.

C. This Acknowledgment must be filed with Oregon Vital Records within 14 days of child's date of birth. If this Acknowledgment is not filed within 14 days, the father's name will be removed from the original certificate. Mail forms to: Oregon Vital Records, PO Box 14050, Portland, OR 97293-0050.

#3) Once the acknowledgement is completed, the first 2 pages are sent to the State Vital Records office, while the last 2 carbon pages go to each parent. Please remind them that these are their copies of this legal form. Because this document becomes part of a sealed file, the parents will not be able to receive additional copies in the future without a court order.

#4) Complete Sections 1, 2, and 3 with all the required information pertaining to the child, mother and father. If the family is filling out this form, please verify that each section is complete and that the names match the birth certificate or birth worksheets. If the Health Insurance provider is known, enter the name (e.g., Blue Cross, Oregon Health Plan). **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, Present Address, Employer, or Health Insurance is not known, enter either “None” or “Unknown” in the space provided. If a parent refuses to give information, enter “Refused” in the space. **Do not leave any spaces blank.**

#5) Please make sure the Maiden Surname box is complete. If the mother is unsure what her maiden surname is, explain that it is the last name that is on her birth certificate, or her last name at birth.

Section 1 INFORMATION ABOUT THE CHILD AS SHOWN ON ORIGINAL BIRTH CERTIFICATE:					
Child's Name	First	Middle	Last	Suffix	Date of Birth (Month, Day, Year)
Birthplace - Hospital or Health Care Facility Name					
Section 2 INFORMATION ABOUT THE MOTHER:					
Mother's Name	First	Middle	Last	Maiden Surname	
Social Security Number	Birthplace - State (if not USA, name country)			Daytime Telephone Number	
Employer:			Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Section 3 INFORMATION ABOUT THE FATHER:					
Father's Name	First	Middle	Last	Suffix	Date of Birth (Month, Day, Year)
Social Security Number	Birthplace - State (if not USA, name country)			Daytime Telephone Number	
Present Address:		No. & Street	City	State	Zip
Employer:			Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		

#6) Please note that the bottom portion of the acknowledgment is not to be completed without a hospital witness present.

DO NOT SIGN UNTIL HOSPITAL WITNESS IS PRESENT

I acknowledge that: I am the biological mother of the child; the above information is true; I was not married to anyone at the time of the child's conception, birth, anytime in between, or 300 days prior to the birth of the child; I have not consented to the adoption of the child, have not relinquished my parental rights to a public or private child-caring agency, and have not had my parental rights terminated, I am signing this Acknowledgment for the purpose of establishing paternity of the child.

It is a Class C felony for any person to make any false statement or supply false information intending that the information be used in the preparation of any certificate.

The Statement of Rights and Responsibilities, which is on the reverse side of this Acknowledgment, has been read to me prior to the signing of this Voluntary Acknowledgment of Paternity.

Mother's Printed Name: _____ ^A

Mother's Signature: _____ ^B

Date Signed: _____

Hospital Witness Signature
_____ ^C

Printed Name of Witness
_____ ^D

Date Witnessed: _____

Name of Hospital/Facility: _____ ^E

Father's Printed Name: _____ ^A

Father's Signature: _____ ^B

Date Signed: _____

Hospital Witness Signature
_____ ^C

Printed Name of Witness
_____ ^D

Date Witnessed: _____

City: _____ ^E

THESE DATES MUST MATCH

#7) Signature lines contain the most common errors on the paternity form. **Please be sure that the parents print their legal names in A.** **Please make sure the parents sign their legal names in B.**

#8) Please be sure that the Hospital witness signatures and printed names appear in C and D.

DO NOT SIGN UNTIL HOSPITAL WITNESS IS PRESENT

I acknowledge that: I am the biological mother of the child; the above information is true; I was not married to anyone at the time of the child's conception, birth, anytime in between, or 300 days prior to the birth of the child; I have not consented to the adoption of the child, have not relinquished my parental rights to a public or private child-caring agency, and have not had my parental rights terminated, I am signing this Acknowledgment for the purpose of establishing paternity of the child.

It is a Class C felony for any person to make any false statement or supply false information intending that the information be used in the preparation of any certificate.

The Statement of Rights and Responsibilities, which is on the reverse side of this Acknowledgment, has been read to me prior to the signing of this Voluntary Acknowledgment of Paternity.

Mother's Printed Name: _____ **A**

Mother's Signature: _____ **B**

Date Signed: _____

Hospital Witness Signature
_____ **C**

Printed Name of Witness
_____ **D**

Date Witnessed: _____

Name of Hospital/Facility: _____ **E**

I acknowledge that: I am the biological father of the child; the above information is true; I am signing this Acknowledgment for the purpose of establishing paternity of the child; I have not consented to the adoption of the child, have not relinquished my parental rights to a public or private child-caring agency, have not had my parental rights terminated; and it has not been determined that I am not the biological father of the child.

It is a Class C felony for any person to make any false statement or supply false information intending that the information be used in the preparation of any certificate.

The Statement of Rights and Responsibilities, which is on the reverse side of this Acknowledgment, has been read to me prior to the signing of this Voluntary Acknowledgment of Paternity.

Father's Printed Name: _____ **A**

Father's Signature: _____ **B**

Date Signed: _____

Hospital Witness Signature
_____ **C**

Printed Name of Witness
_____ **D**

Date Witnessed: _____

City: _____ **E**

THESE DATES
MUST MATCH

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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" parameters as stated at the beginning of the form. **Do not type these dates. They should be printed by the signers (parents and witnesses).** Please be sure that the printed dates are legible.

#10) Enter the Hospital or Facility name and City at the bottom of the form, in E.

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 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. Later requests to establish paternity will incur a \$30 amendment fee, plus a \$20 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 971-673-1155, or the Vital Records Field Liaison at 971-673-1166. 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 503-986-6166. Collect calls are accepted when calling child support offices.

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