

Acknowledgment of Paternity - Child Born outside of Marriage

If the mother was married to someone other than the biological father when she became pregnant or anytime during the pregnancy, DO NOT COMPLETE THIS FORM. Follow the instructions for the Acknowledgment of Paternity Child Born OF Marriage (3 Party).

This Acknowledgment of Paternity Affidavit may not be signed before your child is born. If this report is available at the time of the child's birth or within 15 days after the birth, the birthing hospital where the child was born will provide you with the affidavit to register the birth with the biological father listed as the father of the child without charge.

If you are unable to provide the hospital with this report within 15 days of the child's birth, the record will be registered with the mother's maiden name. You must include the following:

- Notarized Affidavit of Paternity, completed by mother/parent and biological father
- All existing certified cop(ies) of the child's birth certificate, OR a \$15 search fee if you cannot provide a copy
- Filing fee of eighteen (\$18.00) dollars, plus the state charge of \$.50 per mail transaction.

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.

Mail to:

Louisiana Vital Records Registry Attn: Amendments Department P.O. Box 60630 New Orleans, LA 70160

BIRTH NO. 116



Preparation of Acknowledgment of Paternity Affidavit – 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.
- Prepare the affidavit in black ink. Affidavits prepared in pencil or colored ink 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 second page of the affidavit and initial at the bottom of the page.

LSA – R.S. 40:41 provides for a fine of up to ten thousand dollars or imprisonment for up to five years or both 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.

BIRTH NO. 110.3

STATE OF LOUISIANA

ACKNOWLEDGMENT OF PATERNITY AFFIDAVIT

CHILD BORN OUTSIDE OF MARRIAGE

NOTICE: You must read and initial the NOTICE OF ALTERNATIVES, RIGHTS AND RESPONSIBILITIES before you sign the affidavit.

Name of Child -	First, Middle, Last (As it appears on		Da			Date of Birth - (Month, Day, Year)		
Place of Birth - City, State N.			Name of Hospital					
Name of Child - certificate)	First, Middle, Last (As the parents w	ant it to appear on birth						
SECTION II.	. MOTHER/PARENT'S INFO	RMATION						
Name of Mothe	r/Parent - First, Middle, Last			(Maiden Name)		Date of Birth - (Mo	nth, Day, Ye	ar)
Mother/Parent's	Address					Mother/Pare	nt's Phone N	lumbe
лоther/Parent's	Place of Birth - City, State		erican Indian, Black, White, Asian			Mother/Parent's Social Security Numb		
Mother/Parent's	Employer - Name & Address	If Other, List:			Mother/Pa	arent's Occupation		
Vas Mother/Par	rent Married at Time of Birth	If Yes, Name and Address	s of Husband/Spous	e				
Circle One:	Yes No							
oes Mother/Pa	arent Have Health Insurance	If Yes, Name of Insurance	Company and Police	cy No.		State Medicaid:		
Insurance Circle	e One: Yes No					Circle One:	Yes	No
SECTIO	ON III. FATHER/PARENT'S I	NFORMATION				•		
Name of Father	/Parent - First, Middle, Last					Date of Birth - (Mo	nth, Day, Ye	ar)
ather/Parent's	Address					Father/Pare	nt's Phone N	umbe
ather/Parent's	Place of Birth - City, State	American Indian, B	ian, Black, White, Asian Father/Parent's Social Security Num					
ather/Parent's	Employer - Name & Address			Father/Par	her/Parent's Occupation			
Father/Parent's Name	Guardian (If Father under age 18) P	S		Guardian's Signature				
Does Father/Pa	arent Have Health Insurance	If Yes, Name of Insurance	Company and Police	cy No.				
Circle One:	Yes No BOTH PARENTS AND FATH	⊥ ER'S GUARDIAN (IF A	PPLICABLE) MU	ST SIGN IN FRO	ONT OF TH	HE NOTARY PUE	BLIC	
named above to the best of my own free the biological name appear of am not married days. I furthenotice of the	RENT: I certify that I am the MOTI and that all statements made her of my knowledge. I am signing this e will. I acknowledge that the father/parent of my child. I give on the Certificate of Birth of my child. ed and that I have not been mater acknowledge that I have rece legal rights and consequent g the paternity of my child and I under	ein are true and correct Affidavit voluntarily and of man named above is my consent to have his I declare and affirm that I urried in the past 300 eived oral and written ces resulting from my	named abov of my knowl acknowledg and consec and I under	ve and that all state edge. I am signing e that I have rece	ements mad I this Affidar Sived oral is from my ad	biological FATHER. le herein are true ar vit voluntarily and of and written notice cknowledging the p	nd correct to of my own fro of the leg	the b ee wi al rig
MOTHER/PARENT'S SIGNATURE DATE:			GUARDIAN	GUARDIAN'S SIGNATURE (If Father/Parent under age 18) DATE:				
WITNESS:			WITNESS:					
WITNESS:								
NOTICE: NOT	ARY MUST SEE PHOTO ID	1	NOTICE: NOTARY MUST SEE PHOTO ID					
State of Louisia	ana, Parish of	State of Lou	isiana, Parish of _					
Signed and Aff	firmed before me on this	day of	Signed and	Affirmed before me	on this		day c	of —
Signature, the	en PRINT name of Notary		Signature, th	nen PRINT name o	f Notary			_

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 Acknowledgment is properly completed and signed, the biological father/parent's name is entered on the birth certificate in place of the name of the husband/spouse of the mother/parent and the man becomes the legal father/parent of the child. This acknowledgment 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/parent of this child, you should not sign the form. You should have a genetic test.

Mother/Parent who are married to someone other than the biological father/parent 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 (Three Party) 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/parent of the child.
- The alleged father/parent has the right to consult an attorney before signing an acknowledgment of paternity.
- If the alleged father/parent does not acknowledge the child, the mother/parent has the right to file a paternity suit to establish paternity. After the alleged father/parent signs an acknowledgment of paternity, he has the right to pursue
- visitation with the child and the right to petition for custody.
- Once an acknowledgment of paternity is signed, the father/parent may be obligated to provide child support for the child.

 Once an acknowledgment 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 acknowledgment 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/parent is involved.

Thereafter, the acknowledgment 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/parent.

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) 593 - 5100

Mother/Parent's Initials	
Father/Parent's Initials	

VRR-44 2-P (06/24)