

## Acknowledgment of Paternity - Child Born outside of Marriage

The Acknowledgment of Paternity Affidavit is used to add the biological father to a child's birth certificate if the mother was **not** married at the time of birth or within **300** days of the birth.

**If an Acknowledgment of Paternity Affidavit has already been completed for this child and a father is currently listed on the child's birth certificate, DO NOT COMPLETE THIS FORM.**

**Please refer to the checklist below to ensure all required documents are submitted to process your amendment request accurately and without delay.**

### Checklist for Submitting an Acknowledgment of Paternity Affidavit

Please include **all** of the following documents when submitting your Amendment request:

- ☐ Complete Acknowledgment of Paternity Affidavit (AOP)
  - Photocopies and AOP Affidavits with any alterations, corrections or white-outs will be rejected.
  - Notarized AOP with (2) separate witnesses
  - All parties must initial 2<sup>nd</sup> page of AOP
- ☐ Copy of both parents' current State and Federal government issued identification card (driver's license, ID, passport).
- ☐ If the AOP is being submitted by an Adult Child and involves a name change:
  - Submit a letter or affidavit from the District Attorney of the parish/county in which you reside or parish of birth with no objection to the name change
- ☐ Amendment processing fee of **\$27.50**, check or money order **DO NOT MAIL CASH**
- ☐ Copy of the original birth certificate **or** a \$15.00 birth search fee
- ☐ **Case** number if an amendment process is in progress
- ☐ **Optional:** Include an additional \$10.00 to receive a certified copy of the sign AOP mailed
- ☐ Mail documents and fees to: **Louisiana Vital Records Registry**

**Attn: Amendments Department**  
**P.O. Box 60630**  
**New Orleans, LA 70160**

**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.**

DISTRIBUTION OF COPIES: Original to Registrar of Vital Records, Copies to Child Support, Mother/Parent, Father/Parent.

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.

SECTION I. CHILD'S INFORMATION

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

|   |                  |                                    |
|---|------------------|------------------------------------|
| 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 |                                    |
| Name of Child - First, Middle, Last (As the parents want it to appear on birth certificate) |                  |                                    |

SECTION II. MOTHER/PARENT'S INFORMATION

|  |   |               |   |
|--|---|---------------|---|
| Name of Mother/Parent - First, Middle, Last  |   | (Maiden Name) | Date of Birth - (Month, Day, Year)              |
| Mother/Parent's Address  |   |               | Mother/Parent's Phone Number                    |
| Mother/Parent's Place of Birth - City, State                                       | Race (Circle) American Indian, Black, White, Asian<br>If Other, List: |               | Mother/Parent's Social Security Number          |
| Mother/Parent's Employer - Name & Address  |   |               | Mother/Parent's Occupation                      |
| Was Mother/Parent Married at Time of Birth<br>Circle One:      Yes      No         | If Yes, Name and Address of Husband/Spouse                            |               |   |
| Does Mother/Parent Have Health Insurance<br>Insurance Circle One:      Yes      No | If Yes, Name of Insurance Company and Policy No.                      |               | State Medicaid:<br>Circle One:      Yes      No |

SECTION III. FATHER/PARENT'S INFORMATION

|  |   |                                    |
|--|---|------------------------------------|
| Name of Father/Parent - First, Middle, Last                              |   | Date of Birth - (Month, Day, Year) |
| Father/Parent's Address  |   | Father/Parent's Phone Number       |
| Father/Parent's Place of Birth - City, State                             | Race (Circle) American Indian, Black, White, Asian<br>If Other, List: |                                    |
| Father/Parent's Employer - Name & Address                                |   | Father/Parent's Occupation         |
| Father/Parent's Guardian (If Father under age 18) Print Name             | Guardian's Address  | Guardian's Signature               |
| Does Father/Parent Have Health Insurance<br>Circle One:      Yes      No | If Yes, Name of Insurance Company and Policy No.                      |                                    |

BOTH PARENTS AND FATHER/PARENT'S GUARDIAN (IF APPLICABLE) MUST SIGN IN FRONT OF THE NOTARY PUBLIC

**MOTHER/PARENT:** I certify that I am the MOTHER/PARENT 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/parent of my child. I give my consent to have his name appear on the Certificate of Birth of my child. I declare and affirm that I am not married and that I have not been married in the past 300 days. 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/PARENT'S SIGNATURE      DATE:

WITNESS: \_\_\_\_\_

WITNESS: \_\_\_\_\_

NOTICE: NOTARY MUST SEE PHOTO ID

State of Louisiana, Parish of \_\_\_\_\_

Signed and Affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature, then PRINT name of Notary

\_\_\_\_\_  
State Notary Registration Number      My Commission Expires on \_\_\_\_\_

**FATHER/PARENT:** I certify that I am the biological FATHER/PARENT 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/PARENT'S SIGNATURE      DATE:

\_\_\_\_\_  
GUARDIAN'S SIGNATURE (If Father/parent under age 18)      DATE:

WITNESS: \_\_\_\_\_

WITNESS: \_\_\_\_\_

NOTICE: NOTARY MUST SEE PHOTO ID

State of Louisiana, Parish of \_\_\_\_\_

Signed and Affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature, then PRINT name of Notary

\_\_\_\_\_  
State Notary Registration Number      My Commission Expires on \_\_\_\_\_

VR-44 2-P (12/24)

## 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 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/Parents 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 RESPONSIBILITIES OF A PARENT

- Either party has the right to request a genetic test to determine if the alleged father/parent 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, they have 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/parent and father/parent 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 \_\_\_\_\_