

## Acknowledgment of Paternity - Child Born of Marriage

**If the mother of a child born in Louisiana is married or was married within 300 days of the birth of her child, Louisiana law requires that the husband/ex-husband/spouse/ex-spouse be named as the father/parent of the child on the birth certificate.**

If the biological father/parent of the child is someone other than the husband/ex-husband/spouse/ex-spouse of the mother/parent, all three parties (mother, husband/ex-husband/spouse/ex-spouse and biological father/parent of the child) may agree to execute an Acknowledgment of Paternity affidavit.

This affidavit must accompany a certified report of blood or tissue sampling which indicates by a 99.9% threshold probability that the biological father/parent is the father/parent of the child.

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/parent listed as the father/parent 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 husband/ex-husband/spouse/ex-spouse listed as the father. However, you may file the affidavit with Louisiana's Bureau of Vital Records and Statistics at any point until the child's **10th** birthday. You must include the following:

- **Notarized Affidavit of Paternity, completed by mother, husband/ex-husband/spouse/ex-spouse and biological father/parent**
- **All existing certified cop(ies) of the child's birth certificate, OR a \$15 search fee if you cannot provide a copy**
- **Notary-certified report confirming biological paternity**
- **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**

**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.
- 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 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 third 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.**

**STATE OF LOUISIANA  
ACKNOWLEDGMENT OF PATERNITY AFFIDAVIT**

**CHILD BORN 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 black 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 as parents would like it to appear on birth certificate (First, Middle, Last)		

**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 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, conception or anytime in between Circle One: Yes No	If Yes, Name and Address of Husband (or Ex-husband if marriage ended within 300 days of birth)		
Does Mother/Parent 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/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 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 Circle One: Yes No	If Yes, Name of Insurance Company and Policy No.	

**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 their name appear on the Certificate of Birth of my child. I further acknowledge that I have received 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

\_\_\_\_\_  
WITNESS

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

Signed and Affirmed before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
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 have taken a DNA-based paternity test that demonstrates with at least 99.9% probability that I am the biological father/parent of this child. I am signing this affidavit voluntarily and of my own free will. I acknowledge that I have received 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

\_\_\_\_\_  
GUARDIAN'S SIGNATURE (If Father under age 18)

\_\_\_\_\_  
WITNESS

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

Signed and Affirmed before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

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

\_\_\_\_\_  
State Notary Registration Number

\_\_\_\_\_  
My Commission expires on

**HUSBAND/EX-HUSBAND/SPOUSE/EX-SPOUSE OF THE MOTHER/PARENT:** 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.

\_\_\_\_\_  
HUSBAND'S/EX-HUSBAND/SPOUSE/EX-SPOUSE'S SIGNATURE

\_\_\_\_\_  
WITNESS

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

Signed and Affirmed before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

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

\_\_\_\_\_  
State Notary Registration Number

\_\_\_\_\_  
My Commission expires on

DISTRIBUTION OF COPIES: Original to Registrar of Vital Records, Copies to Child Support, Mother, Father / Husband/Ex-husband/Spouse/Ex-Spouse.

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. This is a sworn statement, under oath, and has legal consequences for the child and the parents.**

**This Acknowledgment of Paternity Affidavit is used to add the biological father/parent to a child's birth certificate if the mother/parent was married to someone other than the biological father/parent at the time of the child's birth or if she had not been divorced at least 300 days prior to the child's birth.**

This acknowledgment must be properly completed, signed, **and accompanied by certified results from a DNA-based paternity test that demonstrates paternity with at least 99.9% probability.** Once complete, the biological father/ parent's (husband/ex-husband/spouse/ex-spouse) name is entered on the birth certificate in place of the presumed father/parent of the child under the law. This acknowledgment has the same effect as a court order of paternity for the purpose of child support, custody or visitation, but not for other legal purposes.

If the agreement of any party cannot be obtained or if the parties cannot meet the statutory requirements, a court order establishing paternity in accordance with R.S. 40:46.1 must be obtained for the biological father/parent's name to be added to the birth certificate.

**POTENTIAL LEGAL EFFECTS FOR ALL PARTIES**

**For the CHILD:** Rather than have legal rights from both the Father and the Husband/Ex-husband, signing this form may impact your child's legal rights against the Husband/Ex-husband/Spouse in favor of the Father/Parent in many different areas, including the following:

- Child support
- Custody and visitation
- Inheritance rights
- Legal rights of action in personal injury claims

**For the MOTHER/PARENT:** Signing this form may impact the mother in many different areas, including the following:

- Child and Spousal support
- Custody and visitation
- Grounds for divorce
- Administration of the child's estate

**For the FATHER/PARENT:** Signing this form may impact the father in many different areas, including the following:

- Child support obligation
- Custody and visitation
- Inheritance rights
- Legal rights of action in personal injury claims

**For the HUSBAND/EX-HUSBAND/SPOUSE/EX-SPOUSE:** Signing this form may relieve the husband/ex-husband of legal obligations, or relinquish his legal rights, in many different areas, including the following:

- Child support
- Custody and visitation
- Inheritance rights
- Legal rights of action in personal injury claims

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 \_\_\_\_\_ Husband/Ex-Husband/Spouse/Ex-Spouse's Initials \_\_\_\_\_