

STATE OF LOUISIANA
ACKNOWLEDGMENT OF PATERNITY AFFIDAVIT
(FOR USE IN HOSPITAL)
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 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	

SECTION II. MOTHER'S INFORMATION

Name of Mother - First, Middle, Last		(Maiden Name)	Date of Birth - (Month, Day, Year)
Mother's Address			Mother's Phone Number
Mother's Place of Birth - City, State	Race (Circle) American Indian, Black, White, Asian If Other, List:		Mother's Social Security Number
Mother's Employer - Name & Address			Mother's Occupation
Was Mother Married at Time of Birth Circle One: Yes No	If Yes, Name and Address of Husband		
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 INFORMATION

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

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 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

WITNESS

State of Louisiana, Parish of _____

Signed and Affirmed before me on the _____ day of _____, _____.

DATE

WITNESS

Signature then PRINT name of Notary/Authorized Hospital Employee

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

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/Authorized Hospital Employee

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.

HUSBANDS/EX-HUSBAND'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/Authorized Hospital Employee

State Notary Registration Number 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 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 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. In order for the biological father's name to be added to the birth certificate, a court must establish paternity in accordance with R.S.40:34B.(1)(a)(vii)

RIGHTS AND RESPONSIBILITIES 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) 593 - 5100

Mother's Initials _____

Father's Initials _____