

**ACKNOWLEDGEMENT OF PATERNITY**  
Virginia Department of Health / Division of Vital Records  
(32.1-257, 32.1-261 or 32.1-269, Code of Virginia)

Virginia Department of Health  
Division of Vital Records  
P.O. Box 1000  
Richmond, VA 23218-1000

This statement is to acknowledge paternity of the child described herein. In order for the father's name to appear on the birth certificate of a child born out of wedlock, both biological (*natural*) parents must complete and sign this statement before a notary public.

**PART I - CHILD**

1. Full Name at Birth: \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)
2. Sex: \_\_\_\_\_ 3. Date of Birth: \_\_\_\_\_
4. Place of Birth: \_\_\_\_\_ 5. Birth Certificate Number (If Known): \_\_\_\_\_

**PART II - BIOLOGICAL MOTHER OF THE CHILD**

6. Full Maiden Name: \_\_\_\_\_  
(First) (Middle) (Maiden)
7. Present Name: \_\_\_\_\_  
(First) (Middle) (Last)
8. Date of Birth: \_\_\_\_\_ 9. Place of Birth (State or Foreign Country): \_\_\_\_\_
10. Social Security Number: \_\_\_\_\_ 11. Race or Color: \_\_\_\_\_

**PART III - BIOLOGICAL FATHER OF THE CHILD (NOTE: Items 17, 18 and 19 concern the father at the time of the child's birth)**

12. Full Name: \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)
13. Date of Birth: \_\_\_\_\_ 14. Place of Birth (State or Foreign Country): \_\_\_\_\_
15. Social Security Number: \_\_\_\_\_ 16. Race or Color: \_\_\_\_\_ 17. Highest Level of Education Completed: \_\_\_\_\_
18. Occupation: \_\_\_\_\_ 19. Industry: \_\_\_\_\_

**PART IV - BIOLOGICAL PARENTS' MARRIAGE (IF APPLICABLE, You must complete this section and enclose a certified copy of your marriage record)**

20. Place of Marriage: \_\_\_\_\_ 21. Date of Marriage: \_\_\_\_\_  
(City/County and State, or Foreign Country)

**PART V - PARENTS' ACKNOWLEDGEMENT (THIS ITEM MUST BE COMPLETED)**

22. We, being duly sworn, affirm that we are the biological parents of the child named above, and we request that the father's information be shown on this child's birth certificate, and that the child's name be listed on the birth certificate as shown below:

Child's Name: \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

23. a. Signature of Father: \_\_\_\_\_ 24. a. Signature of Mother: \_\_\_\_\_

b. Address of Father: \_\_\_\_\_ b. Address of Mother: \_\_\_\_\_

25. Subscribed and sworn before me on: \_\_\_\_\_ 26. Subscribed and sworn before me on: \_\_\_\_\_

27. Notary's signature: \_\_\_\_\_ 28. Notary's signature: \_\_\_\_\_

29. Notary's address: \_\_\_\_\_ 30. Notary's address: \_\_\_\_\_

31. My commission expires: \_\_\_\_\_ 32. My commission expires: \_\_\_\_\_

The fee for a certified copy of a birth record is \$12.00 per copy. There is a \$10.00 administrative fee to establish the new birth certificate. Checks or money orders should be made payable to State Health Department.

*If the mother was married at the time of the child's birth or in the 10 months next preceding, the State Registrar will not accept the acknowledgement of paternity form.*

## INSTRUCTIONS FOR COMPLETING AND CHECKING THE ACKNOWLEDGEMENT OF PATERNITY

**NOTE TO THE PREPARER/NOTARY:** Before preparing or notarizing this form, be sure that:

- The date of birth is before or the same as the date of signing.
- The man signing the form is attesting or acknowledging that he is the **BIOLOGICAL** (*natural*) father of this child.
- The parents understand the purpose of this form is to establish the paternity of a child born out of wedlock.

Proceed **ONLY** if all of the above are true. The numbers below refer to the numbers on the front of this form. All information, except signatures, must be printed or typed.

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1. **Full Name at Birth:** Enter the name of the child **EXACTLY** as it appears on the birth certificate.
  2. **Sex:** Enter the sex of the child.
  3. **Date of Birth:** Enter the child's date of birth **EXACTLY** as it appears on the birth certificate. The name of the month must be spelled out (e.g., *January, February, March, etc.*).
  4. **Place of Birth:** Enter the name of the independent city or county where the child was born **EXACTLY** as it appears on the birth certificate.
  5. **Birth Certificate Number:** If the certificate has been filed and has a state birth number, that number is to be entered here. Otherwise, **LEAVE THIS SPACE BLANK.**
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6. **Full Maiden Name:** Enter the mother's full **MAIDEN** name **EXACTLY** as it appears on the child's birth certificate. Do not enter any name gained by marriage. Name changes by court order or adoption should be shown.
  7. **Present Name:** Enter the mother's present full legal name (*first, middle and last*).
  8. **Date of Birth:** Enter the mother's correct birth date in Month-Day-Year order. Spell out the name of the month (e.g., *January, February, March, etc.*).
  9. **Place of Birth:** Enter the name of the state or foreign country where the child's mother was born.
  10. **Social Security Number:** Enter the mother's social security number.
  11. **Race or Color:** Enter the mother's race, as identified by the mother. Do not use "Hispanic" as a racial designation.
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12. **Full Name:** Enter the father's full legal name (*first, middle, last, suffix*).
  13. **Date of Birth:** Enter the father's correct birth date in Month-Day-Year order. Spell out the name of the month (e.g. *January, February, March, etc.*).
  14. **Place of Birth:** Enter the name of the state or foreign country where the child's father was born.
  15. **Social Security Number:** Enter the father's social security number.
  16. **Race or Color:** Enter the father's race, as identified by the father. Do not use "Hispanic" as a racial designation.
  17. **Highest Level of Education Completed:** Enter a number (0 - 18+) to indicate the father's highest academic grade completed. Three year nursing schools, business schools, and technical training schools are **NOT** considered academic grades for the purposes of this form.
  18. **Occupation:** Enter the father's occupation, trade or profession at the time of the child's birth.
  19. **Industry:** Enter the kind of business or industry for which the father performed the occupation indicated on line #18.
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20. **Place of Marriage:** If the parents marry **AFTER** the birth of the child shown in item #1, the name of the independent city/county and state or foreign country where the marriage took place must be copied **EXACTLY** as shown on the Marriage Certificate. If they have **NOT** married after the birth of the child, leave this line blank.
  21. **Date of Marriage:** If the parents marry **AFTER** the birth of the child shown in item #1, the date of the marriage must be shown **EXACTLY** as on the Marriage Certificate. If they have **NOT** married after the birth of the child, leave this line blank.
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22. **DO NOT LEAVE THIS LINE BLANK.** The child's full name, as the parents agree it should be shown on the birth certificate, must be indicated.
  23. a. **Signature of Father:** **AFTER** the birth of the child and **IN THE PRESENCE** of a notary, the biological father of the child named must sign his full legal signature to affirm his paternity.  
b. **Address of Father:** The father's street address (e.g., *house number, apartment number, street name/number/R.F.D., highway or route number*) is shown on the first line whenever possible. The second line must show the name of the city or town and the state where the street address is located. Include the postal Zip Code.
  24. a. **Signature of Mother:** **AFTER** the birth of the child and **IN THE PRESENCE** of a notary, the biological mother of the child named must sign her full legal signature to affirm the biological father's paternity.  
b. **Address of Mother:** The mother's street address (e.g., *house number, apartment number, street name/number/R.F.D., highway or route number*) is shown on the first line whenever possible. The second line must show the name of the city or town and the state where the street is located. Include the postal Zip Code.
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- NOTARY ITEMS:**
25. & 26. **Subscribed and sworn before me on (Date):** The officiating notary must enter the date of signing by each parent. Each signature must be separately and completely notarized. They need not be done at the same time nor by the same notary. Any signature done out of the presence of a notary will **NOT BE ALLOWED**. If not signed in the presence of a notary, a **NEW ACKNOWLEDGEMENT** must be prepared and signed **IN THE NOTARY'S PRESENCE**. **DO NOT USE THE ACKNOWLEDGEMENT ALREADY SIGNED.**
  27. & 28. **Notary's Signature:** The officiating notary must sign here to notarize **EACH** parent's signature. The notary must positively identify each person signing the Acknowledgement of Paternity before notarizing the father's or mother's signature.
  29. & 30. **Notary's Address:** The address of the officiating notary must be entered for **EACH** notarization of a signature.
  31. & 32. **My Commission Expires (Date):** The officiating notary(s) must enter the expiration date(s) of their commission(s) for **EACH** notarization. If a notary's commission has expired, they must **NOT** notarize any signatures.

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES/DCSE  
ALL VIRGINIA BIRTHING HOSPITALS  
PATERNITY ACKNOWLEDGMENT RIGHTS AND RESPONSIBILITIES STATEMENT**

**Rights and Responsibilities of the Father**

Please read and a trained hospital staff member will read to you the following statements before you sign the Acknowledgment of Paternity form.

1. I understand that my signature on the Acknowledgment of Paternity form establishes that I am the natural father of the named child for all legal purposes.
2. I sign the Acknowledgment of Paternity voluntarily and understand that I am under no obligation to do so. No pressure has been placed upon me to sign. I understand I may take the following actions instead of signing this form:
  - a. Seek the advice or representation of legal counsel
  - b. Request that DNA testing be taken
  - c. Have the matter of paternity determined by the court
3. I understand I will have the responsibility to provide support for my child.
4. I understand I will be responsible to pay such support until the child turns 18 years of age or beyond if required by law.
5. I understand after paternity is established, I have the right to request visitation with the child. Custody and visitation are decided in legal actions separate from the issues of paternity or child support.
6. I understand the Acknowledgment of Paternity may be used in any legal proceeding regarding this child.
7. I understand I have the right to talk to a staff person to clarify information on this statement and to ask any questions I have.
8. I understand I have the right to rescind this acknowledgment within sixty days from the date of signing unless an administrative or judicial proceeding involving this child has taken place earlier.

**Rights and Responsibilities of the Mother**

Please read and a trained hospital staff member will read to you the following statements before you sign the Acknowledgment of Paternity form.

1. I understand that my signature on the Acknowledgment of Paternity form means that I swear that I am the mother of the named child and that the person signing as the father is the biological father of the child.
2. I sign the Acknowledgment of Paternity voluntarily and understand that I am under no obligation to do so. No pressure has been placed upon me to sign. I understand I may take the following actions instead of signing this form:
  - a. Seek the advice or representation of legal counsel
  - b. Request that DNA testing be taken
  - c. Have the matter of paternity determined by the court
3. I understand after paternity is established, I have the right to request visitation with the child. Custody and visitation are decided in legal actions separate from the issues of paternity or child support.
4. I understand I have the right to talk to a staff person to clarify information on this statement and to ask any questions I have.
5. I understand I have the right to rescind this acknowledgment within sixty days from the date of signing unless an administrative or judicial proceeding involving this child has taken place earlier.

I have read and have been provided with an oral description of the rights and responsibilities statement above.

Signature of Father \_\_\_\_\_

Social Security Number \_\_\_\_\_

Subscribed and Sworn before me on: \_\_\_\_\_

In the \_\_\_\_\_ of \_\_\_\_\_ in the

Commonwealth of Virginia

Notary Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

I have read and have been provided with an oral description of the rights and responsibilities statement above.

Signature of Mother \_\_\_\_\_

Social Security Number \_\_\_\_\_

Subscribed and Sworn before me on: \_\_\_\_\_

In the \_\_\_\_\_ of \_\_\_\_\_ in the

Commonwealth of Virginia

Notary Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_