

**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: \_\_\_\_\_