

**REGISTRATION OF NOTICE OF COMMENCEMENT OF PATERNITY PROCEEDINGS
FOR FATHERS OF CHILDREN BORN OUT-OF-WEDLOCK**

INFORMATION

In order to claim rights of paternity, fathers of children born out-of-wedlock must commence proceedings to establish paternity AND file notice of his commencement of proceedings to establish his paternity with the Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare, 450 W. State Street – 1st Floor, P.O. Box 83720, Boise, Idaho, 83720-0036. The Idaho legislature passed a law (Section 16-1513, Idaho Code) to enable fathers of children born out-of-wedlock to declare their paternal rights and intent to support the child to the best of their ability. Registration should be done at any time prior to the birth of such child or at least prior to the date of any proceeding wherein the child is placed with an agency licensed to provide adoption services. If such fathers do not register, and the child is adopted, all paternal rights will be forfeited.

Forms for the registration are available at the offices of Local Registrars of Vital Statistics and County Clerks in every county and at the Bureau of Vital Records and Health Statistics office in Boise. There is a registration fee of \$10.00 payable to Vital Statistics. Check or money order must accompany the completed registration form to the Vital Statistics office.

The legislature finds that the rights and interests of all parties affected by an adoption proceeding must be considered and balanced in determining what constitutional protections and processes are necessary and appropriate.

More information may be obtained from all Idaho adoption agencies, the county clerks in each county or the State Vital Statistics Unit, 450 W. State St. – 1st Floor, P.O. Box 83720, Boise, Idaho, 83720-0036, (208)334-5990.

Revised 4/00

Registration Number

**BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
DEPARTMENT OF HEALTH AND WELFARE
REGISTRATION OF NOTICE OF
COMMENCEMENT OF PATERNITY PROCEEDINGS
IDAHO CODE, SECTION 16-1513**

Mail to: The State Registrar of Vital Records and Health Statistics
450 W. State Street, 1st Floor
P.O. Box 83720
Boise, ID 83720-0036

I, _____, do declare that I
am the natural father of a child who was/or is due to be born on or about _____

_____ (Month) _____ (Day) _____ (Year)
to the natural mother

(First, Middle, Maiden Last Name)
Mother's current surname

List any other names used by natural mother _____

The last known mailing address of the natural mother is

(Street Address)

(City, State, Zip Code)

I have filed, with a court of competent jurisdiction, a verified voluntary acknowledgment of parentage; or a verified complaint, alleging that I am the father of the child; OR I have filed a voluntary acknowledgment of paternity

affidavit with the Vital Records Section. AND, I have filed with that court a sworn affidavit stating that I am fully able and willing to have full custody of the child, setting forth my plans for the care of the child, and agree to a court order of child support and the payment of expenses incurred in connection with the mother's pregnancy and the child's birth.

I hereby register my notice of commencement of proceedings to establish my paternity of the above described child. These rights include my willingness and intent to support, and to establish a relationship with this child to the best of my ability. **I understand this will not alter the birth certificate.** A check or money order payable to Vital Records in the amount of ten dollars (\$10.00) accompanies this notice. This ten dollars (\$10.00) covers only the cost of this registration procedure.

_____ Social Security Number

_____ (Signature of Putative Father)

Other Name Used by Putative Father _____

Date of Birth _____ State of Birth _____

_____ (Residence Address) (Telephone Number) (Work Number)

_____ (Parents' address if Putative Father is a Minor Person) (Parents' Telephone No.)



Subscribed and sworn to before me this _____ day of _____, _____.

_____ (Notary Signature)

SEAL

Notary Public residing at _____

My commission expires _____