

**ACKNOWLEDGEMENT OF
PATERNITY AFFIDAVIT**

AFFIDAVIT FOR THE BIOLOGICAL FATHER TO COMPLETE

State of _____

County of _____

I, _____, born on _____, in the state of _____
(First) (Middle) (Last) (Month) (Day) (Year)

Being first duly sworn, depose and say: that I am the biological father of _____, a child born on/to be born on or
(First) (Middle) (Last)

about _____, at _____, Idaho, to
(Month) (Day) (Year) (Hospital or Address) (City) (County)

_____ I consent to the recording of my name, date, and place of birth on the birth certificate of the above-described child. I
(Mother's Maiden Name)

request that the birth certificate be prepared to show the child's name as _____
(First) (Middle) (Last)

I further state that I have received written and oral notice of the **Rights and Responsibilities** of acknowledging paternity.

SIGNED _____ ADDRESS _____
(Biological Father)

Social Security Number: _____

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

Notary Public _____

SEAL

Residing at _____

My Commission expires _____

AFFIDAVIT FOR THE MOTHER TO COMPLETE

State of _____

County of _____

I, _____, born on _____, in the state of _____
(First) (Middle) (Last) (Maiden) (Month) (Day) (Year)

Being first duly sworn, depose and say: that I am the mother of _____, a child born on/to be born on or

about _____, at _____, Idaho, and
(Month) (Day) (Year) (Hospital or Address) (City) (County)

that _____ is the biological father of this child.

I acknowledge that the man named above is the biological father of my child. I consent to the recording of his name, date, and place of birth on the birth certificate of the above-described child.

I request that the birth certificate be prepared to show the child's name as _____
(First) (Middle) (Last)

I also declare and affirm that I was NOT married at the time of either conception or between conception and the birth of this child, or that I WAS married to someone other than the above-named father at conception or between conception and birth of this child.

I further state that I have received written and oral notice of the **Rights and Responsibilities** of acknowledging paternity.

SIGNED _____ ADDRESS _____
(Mother)

Social Security Number: _____

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

Notary Public _____

SEAL

Residing at _____

My commission expires _____

**COMPLETE THIS SECTION ONLY IF THE MOTHER WAS MARRIED AT CONCEPTION OR BETWEEN CONCEPTION AND BIRTH OF THIS CHILD
TO THE MOTHER AND LEGAL FATHER (HUSBAND)**

When you sign this affidavit, you agree that the legal father (husband) will have **NO** parental rights and responsibilities to this child. You give your permission that the biological father and this child will have the legal relationship of parent and child. You agree the biological father will have all the rights and responsibilities of a legal parent to this child. Do not sign this affidavit if you do not understand it, if you have any questions, or if you want to talk to your attorney before signing.

I, _____, being first duly sworn, depose and say: that I am/was married to
(Husband's Full Name)

_____, at the time of conception or birth of a child born on/to be born on
(Mother's Maiden Name)

or about _____, but I am **NOT** the biological father of this child. I request that my name not be listed on the birth certificate.
(Month) (Day) (Year)

SIGNED _____ ADDRESS _____
(Husband)

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

Notary Public _____

SEAL

Residing at _____

My commission expires _____

RIGHTS AND RESPONSIBILITIES OF BIOLOGICAL FATHER

SIGN THIS AFFIDAVIT IF:

- You freely state that you are the biological father of this child and want to establish you are the legal father of this child.
- No one has pressured you to say that you are the biological father of this child.
- No one has pressured you to sign this form.

IF YOU SIGN THIS AFFIDAVIT:

- You will automatically be identified as the legal father of this child. You will not have to go to court to be named the legal father of this child.
- There are rights and responsibilities that go along with raising this child. A judge may order you to pay child support each month. A judge may also order you to provide medical insurance for this child. These duties will continue until the child is an adult OR until a judge changes your obligation.
- You may have to pay child support if the child receives public assistance money from any state.
- You may have to pay for hospital or doctor costs for the birth of the child.
- You may have to go to court if you want visitation or if you want to share custody. Vital Records cannot help you with visitation or custody matters.
- When you sign the affidavit, you give Vital Records permission to list you as "father" on this child's birth certificate. You also give them permission to list the date and place of YOUR birth on this child's birth certificate.

DO NOT SIGN THIS AFFIDAVIT IF:

- You are not sure that you are this child's biological father. The mother, the child, and you can take a genetic test. This test will prove if you are the biological father. Do not sign this affidavit if you want a genetic test.
- You do not understand the legal rights and responsibilities of raising this child.
- You have questions about any part of this affidavit.
- You want to talk to an attorney.

IF YOU FILL OUT THIS AFFIDAVIT AT THE HOSPITAL WHEN YOUR CHILD IS BORN:

- The hospital staff will send the signed affidavit and your child's birth certificate to Vital Records for you. You will not have to pay a fee to file the affidavit.
- The hospital cannot give you a copy of your child's birth certificate. You can get a certified copy of your child's birth certificate from Vital Records. There will be a fee for the certified copy.

IF YOU FILL OUT THIS AFFIDAVIT AFTER YOU LEAVE THE HOSPITAL:

- Mail the signed affidavit to Vital Records. You will have to pay a filing fee. Vital Records will amend your child's birth certificate.
- You can get a certified copy of your child's amended birth certificate from Vital Records. There will be a fee for the certified copy.
- The address for Vital Records is:

Vital Records
P.O. Box 83720
Boise, ID 83720-0036

IF YOU SIGN THIS AFFIDAVIT, AND LATER BELIEVE YOU SHOULD NOT HAVE DONE SO, YOU MAY RESCIND OR CANCEL THIS AFFIDAVIT.

You have 60 days from the date the affidavit was filed with Vital Records to rescind it. You must do it in one of the following ways:

- You can rescind this affidavit at a court proceeding relating to the child (such as a proceeding to establish a support order), or
- You can sign a rescission form within 60 days from the day this affidavit was filed with Vital Records. Forms to rescind an affidavit of paternity are available from any regional Health and Welfare office.
- You must rescind your affidavit at whichever action listed above happens first.

IF YOU RESCIND THIS AFFIDAVIT:

- The other person(s) who signed the affidavit may still want to establish a legal father/child relationship. He or she can ask a judge to decide who should be named as the child's legal father; and
- If the child receives public assistance money, Health and Welfare may want to establish a legal father/child relationship. They can ask a judge to decide who should be named as the child's legal father.
- The father's name will remain on the child's birth certificate. If you want the name removed, you will need to go to court. A judge must sign an order stating that the man named on the child's birth certificate is not the child's legal father.

MORE INFORMATION

- Please call or visit the *regional Health and Welfare office* nearest you if you have any questions about these **rights and responsibilities, acknowledging paternity**, or your right to **rescind an acknowledgment of paternity affidavit**.
- Please call *Vital Records* at (208)334-5980 if you have any questions about this **acknowledgment affidavit** or your **child's birth certificate**.
- When you sign an Acknowledgment of Paternity Affidavit, you state you received written and oral notice of the rights and responsibilities of acknowledging paternity. Written notice is provided above, and you may receive oral notice at the Health and Welfare, Self-Reliance office nearest you.