



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF VITAL RECORDS  
**AFFIDAVIT ACKNOWLEDGING PATERNITY**

**WRITTEN NOTICE OF ALTERNATIVES, RIGHTS AND RESPONSIBILITIES**

The Affidavit Acknowledging Paternity is a legal document. Please read the information provided below before completing an Affidavit. Following are the alternatives to completing the Affidavit and your legal rights and responsibilities. Before you complete an Affidavit Acknowledging Paternity, **you must receive oral (spoken) notice of the below information.** If you are completing the Affidavit at the hospital when your child is born, you may receive oral notice from hospital staff. If you are completing the affidavit after the birth certificate has been filed, you may receive oral notice from the agency that gave you the form. You may also receive oral notice by calling (toll free) **1-888-677-2083.**

- When both parents properly complete and sign an Affidavit Acknowledging Paternity, the man's name is added to the child's birth certificate, and the man becomes the legal father of the child. Properly completed affidavits have 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 (natural) father of this child, you should not sign an Affidavit Acknowledging Paternity. You should have a genetic test. If the test shows at least a 98 percent probability that the man is the father, then Missouri law says he is the presumed father. A genetic test can be provided by the Family Support Division (FSD). Either of you may apply for this service by calling FSD at **1-800-859-7999**. If the genetic test shows that the man is the child's biological father, you may then sign an Affidavit Acknowledging Paternity.
- If either of you change your mind about acknowledging paternity after you have signed the Affidavit, you may sign a rescission form and file it with the Missouri Department of Health and Senior Services, Bureau of Vital Records (BVR) within the earlier of: 60 days from the date of the last signature on the Affidavits; or the date of a proceeding to establish child support for the child on the Affidavits. Contact BVR at **(573) 751-6378** if you need a rescission form. When the rescission is filed, the man will no longer be the legal father; however, his name will stay on the birth certificate unless a court order tells BVR to remove his name.
- If it is more than 60 days after both of you sign the Affidavits or after the date of a child support proceeding, and you decide you want to prove this man is not the father, you must go to court. You must prove there was fraud, duress, or material mistake of fact when you signed the Affidavit.
- This child may have the right to receive benefits as the legal child of the man who signs an Affidavit Acknowledging Paternity. These benefits may include child support, medical insurance, inheritance rights, Social Security and Veteran's benefits.
- Acknowledging paternity does not automatically give the father visitation or custody rights. Please seek legal advice regarding custody and visitation rights, or any other related legal matters.

Persons who knowingly supply false information on the Affidavit Acknowledging Paternity shall be guilty of a class D felony. Penalties under the criminal code range from imprisonment of 1-10 years and/or up to \$5,000 in fines.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF VITAL RECORDS  
**MOTHER'S AFFIDAVIT ACKNOWLEDGING PATERNITY**

P.O. BOX 570  
JEFFERSON CITY, MISSOURI 65102

**INSTRUCTIONS**

THIS IS A LEGAL DOCUMENT. PLEASE READ THIS FORM CAREFULLY BEFORE COMPLETING. TYPE OR PRINT EVERYTHING EXCEPT YOUR SIGNATURE. USE **BLACK INK ONLY**.

**The Mother's and Father's Affidavit Acknowledging Paternity forms and the Husband's Denial of Paternity form (if applicable) must be submitted together.**

Any fax, photo or reproduced copies of this form will not be accepted and will be returned for the original. White-out, erasures, typeovers and writeovers are not acceptable. The information included on these Affidavits must agree with the information provided for the birth certificate.

If the Affidavits are not completed at the hospital to file with the birth record, send all the completed Affidavits to the address above.

If you are completing these Affidavits after the birth record is filed and you want to change the child's last name when the father's information is added to the birth record, both parents must complete and sign the "Request to Change Child's Last Name" portion of their Affidavit. This is a one time opportunity.

Each parent must sign their Affidavit in the presence of a notary public or two (2) witnesses. The parents of this child or anyone related to the parents cannot be witnesses on any of these Affidavits.

**CHILD'S INFORMATION AS SHOWN ON BIRTH CERTIFICATE**

CHILD'S NAME (FIRST)	(MIDDLE)	(LAST)	DATE OF BIRTH (MM/DD/YYYY)
PLACE OF BIRTH (CITY, COUNTY, STATE)		HOSPITAL OR OTHER ADDRESS WHERE BIRTH OCCURRED	

**REQUEST TO CHANGE CHILD'S LAST NAME**

**The mother's signature is required below if you wish to change your child's last name.**

CHILD'S NEW LAST NAME	MOTHER'S SIGNATURE
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**FATHER'S INFORMATION**

NAME (FIRST)	(MIDDLE)	(LEGAL LAST NAME)
DATE OF BIRTH (MM/DD/YYYY)	CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)	

**MOTHER'S INFORMATION**

NAME (FIRST)	(MIDDLE)	(LEGAL LAST NAME)	(MAIDEN)
DATE OF BIRTH (MM/DD/YYYY)	BIRTHPLACE (STATE/COUNTRY)	SOCIAL SECURITY NUMBER	EDUCATION (HIGHEST GRADE COMPLETED)
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER (INCLUDE AREA CODE)	EMPLOYER

**I have received written and oral notice, and I understand my alternatives, the legal consequences and the rights and responsibilities that arise from completing and signing this Affidavit Acknowledging Paternity. I do solemnly declare and affirm that I am the mother of the child listed on this Affidavit and the man listed above is the natural father and that the statements are true under the pains and penalties of perjury. I consent to this Affidavit and request that the father's name and other information be added to this child's birth record.**

MUST BE SIGNED IN PRESENCE OF NOTARY OR TWO WITNESSES	MOTHER'S SIGNATURE ▶		
NOTARY PUBLIC EMBOSSER SEAL	STATE OF	COUNTY	
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME THIS DAY OF		<b>USE RUBBER STAMP IN CLEAR AREA BELOW</b>
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		
1. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)
2. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF VITAL RECORDS  
**FATHER'S AFFIDAVIT ACKNOWLEDGING PATERNITY**

P.O. BOX 570  
JEFFERSON CITY, MISSOURI 65102

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If the Affidavits are not completed at the hospital to file with the birth record, send all the completed Affidavits to the address above.

If you are completing these Affidavits after the birth record is filed and you want to change the child's last name when the father's information is added to the birth record, both parents must complete and sign the "Request to Change Child's Last Name" portion of their Affidavit. This is a one time opportunity.

Each parent must sign their Affidavit in the presence of a notary public or two (2) witnesses. The parents of this child or anyone related to the parents cannot be witnesses on any of these Affidavits.

**CHILD'S INFORMATION AS SHOWN ON BIRTH CERTIFICATE**

CHILD'S NAME (FIRST)	(MIDDLE)	(LAST)	DATE OF BIRTH (MM/DD/YYYY)
PLACE OF BIRTH (CITY, COUNTY, STATE)		HOSPITAL OR OTHER ADDRESS WHERE BIRTH OCCURRED	

**REQUEST TO CHANGE CHILD'S LAST NAME**

**The father's signature is required below if you wish to change your child's last name.**

CHILD'S NEW LAST NAME	FATHER'S SIGNATURE
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**MOTHER'S INFORMATION**

NAME (FIRST)	(MIDDLE)	(LEGAL LAST NAME)	(MAIDEN)
DATE OF BIRTH (MM/DD/YYYY)	CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		

**FATHER'S INFORMATION**

NAME (FIRST)	(MIDDLE)	(LEGAL LAST NAME)	BIRTHPLACE (STATE/COUNTRY)
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	EDUCATION (HIGHEST GRADE COMPLETED)	RACE
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER (INCLUDE AREA CODE)	EMPLOYER

**I have received written and oral notice, and I understand my alternatives, the legal consequences and the rights and responsibilities that arise from completing and signing this Affidavit Acknowledging Paternity. I do solemnly declare and affirm that I am the natural father of the child listed on this Affidavit and that the statements are true under the pains and penalties of perjury. I consent to this Affidavit and request that my name and other information be added to this child's birth record.**

MUST BE SIGNED IN PRESENCE OF NOTARY OR TWO WITNESSES	FATHER'S SIGNATURE ▶		
NOTARY PUBLIC EMBOSSER SEAL	STATE OF	COUNTY	
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME THIS DAY OF		<b>USE RUBBER STAMP IN CLEAR AREA BELOW</b>
	YEAR		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			
1. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)
2. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF VITAL RECORDS  
**HUSBAND'S DENIAL OF PATERNITY**

P.O. BOX 570  
JEFFERSON CITY, MISSOURI 65102

**INSTRUCTIONS**

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If the Affidavits are not completed at the hospital to file with the birth record, send all the completed Affidavits to the address above.

Each parent must sign their Affidavit in the presence of a notary public or two (2) witnesses. The parents of this child or anyone related to the parents cannot be witnesses on any of these forms.

If the mother was married at the time of either conception or birth, or between conception and birth, the name of the husband/ex-husband shall be entered on the certificate as the father of the child, unless:

1. Paternity has been determined otherwise by a court of competent jurisdiction; or
2. The mother and her husband/ex-husband completes an Affidavit denying that her husband/ex-husband is the father and the mother and natural father complete an Affidavit acknowledging that he is the father. The natural father will then be shown on the birth certificate.

**CHILD'S INFORMATION AS SHOWN ON BIRTH CERTIFICATE**

CHILD'S NAME (FIRST)	(MIDDLE)	(LAST)	DATE OF BIRTH (MM/DD/YYYY)
PLACE OF BIRTH (CITY, COUNTY, STATE)		HOSPITAL OR OTHER ADDRESS WHERE BIRTH OCCURRED	

**MOTHER'S INFORMATION**

NAME (FIRST)	(MIDDLE)	(LEGAL LAST NAME)	(MAIDEN)
DATE OF BIRTH (MM/DD/YYYY)	CURRENT ADDRESS (STREET, CITY, STATE, ZIP)		

**DENIAL OF PATERNITY**

**I have received written and oral notice, and I understand my alternatives, the legal consequences and the rights and responsibilities that arise from completing and signing this Affidavit denying paternity. I am the husband or ex-husband of the mother listed on this affidavit. I do solemnly declare and affirm that I am not the biological (natural) father of the child listed on this Affidavit and that the statements are true under the pains and penalties of perjury.**

MUST BE SIGNED IN PRESENCE OF NOTARY OR TWO WITNESSES	HUSBAND'S/EX-HUSBAND'S SIGNATURE		HUSBAND'S/EX-HUSBAND'S PRINTED NAME	
	STATE OF		COUNTY	
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME THIS		<b>USE RUBBER STAMP IN CLEAR AREA BELOW</b>	
	DAY OF			
NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES		
NOTARY PUBLIC NAME (TYPED OR PRINTED)				
1. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)	
2. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)	

**I have received written and oral notice, and I understand my alternatives, the legal consequences and the rights and responsibilities that arise from completing and signing this Affidavit denying paternity. I was married during part or all of my pregnancy with this child to the man whose name is listed on this Affidavit. I do solemnly declare and affirm that he is not the natural father of the child listed on this Affidavit and that the statements are true under the pains and penalties of perjury.**

MUST BE SIGNED IN PRESENCE OF NOTARY OR TWO WITNESSES	MOTHER'S SIGNATURE		MOTHER'S PRINTED NAME	
	STATE OF		COUNTY	
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME THIS		<b>USE RUBBER STAMP IN CLEAR AREA BELOW</b>	
	DAY OF			
NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES		
NOTARY PUBLIC NAME (TYPED OR PRINTED)				
1. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)	
2. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)	

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

AT \_\_\_\_\_  
City or Town where Court is located

_____	)	
Plaintiff,	)	
	)	
vs.	)	
	)	
_____	)	
Defendant.	)	
_____	)	Your Case No. _____

**THREE-WAY AFFIDAVIT TO DISESTABLISH AND ESTABLISH PATERNITY**  
*(Note: The court will decide paternity issues for born child(ren) only; for unborn children, the court will decide after the birth)*

**1. The paternity of the following child(ren) needs to be corrected:**

Name of child(ren)	Date of Birth

**2. BIOLOGICAL FATHER'S STATEMENT**

I SWEAR OR AFFIRM that I am the biological father of the above named child(ren) and that I hereby assume all parental duties, including support. I want to be established as legal/biological father.

\_\_\_\_\_  
*Biological Father's Signature* (In blue ink if possible)

Print biological father's information below:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska  
on \_\_\_\_\_ Date \_\_\_\_\_ Name of City, Town or Village

\_\_\_\_\_  
Notary Public or other person authorized to administer oaths.  
My commission expires on \_\_\_\_\_

**3. MOTHER AGREES**

I SWEAR OR AFFIRM that I am the mother of the above named child(ren) and that the man listed above in paragraph #2 is the biological father, not my husband. I want the court to disestablish my husband and establish the man named above as legal/biological father of the named child(ren).

\_\_\_\_\_  
*Mother's Signature (In blue ink if possible)*

Print mother's information below:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska  
on \_\_\_\_\_  
*Date*

*Name of City, Town or Village*

\_\_\_\_\_  
Notary Public or other person authorized to administer oaths.  
My commission expires on \_\_\_\_\_

**4. CURRENT LEGAL FATHER AGREES**

I SWEAR OR AFFIRM that I am currently the legal father of the above named child(ren); however I am not the biological father. I waive any and all parental rights or responsibilities with respect to this(these) child(ren) and want to be disestablished as legal father.

\_\_\_\_\_  
*Current Legal Father's Signature (In blue ink if possible)*

Print current legal father's information below:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska  
on \_\_\_\_\_  
*Date*

*Name of City, Town or Village*

\_\_\_\_\_  
Notary Public or other person authorized to administer oaths.  
My commission expires on \_\_\_\_\_

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 Mother's Social Security Number If Other, List: Mother's Employer - Name & Address Mother's Occupation Was Mother Married at Time of Birth If Yes, Name and Address of Husband Circle One: Yes No Does Mother Have Health Insurance 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 Father's Social Security Number 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 If Yes, Name of Insurance Company and Policy No. Circle One: Yes 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 DATE WITNESS WITNESS State of Louisiana, Parish of Signed and Affirmed before me on the day of

DATE WITNESS 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 DATE GUARDIAN'S SIGNATURE (If Father under age 18) DATE WITNESS WITNESS State of Louisiana, Parish of Signed and Affirmed before me on the day of

DATE WITNESS 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 DATE WITNESS WITNESS State of Louisiana, Parish of Signed and Affirmed before me on the day of

DATE WITNESS WITNESS Signature then PRINT name of Notary/Authorized Hospital Employee State Notary Registration Number My Commission expires on

DISTRIBUTION OF COPIES: Original to Registrar of Vital Records, Copies to Child Support, Mother, Father & Husband/ Ex-husband.

**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 \_\_\_\_\_