

STATE OF CONNECTICUT-DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS SECTION - PARENTAGE REGISTRY
ACKNOWLEDGMENT OF PARENTAGE

INTRODUCTION

Children need and benefit from the active involvement of both parents in their daily lives. One of the best ways to ensure this active involvement is to establish the legal parentage of both parents. And one of the easiest ways to establish legal parentage of both parents is to complete this form. Completion of this *Acknowledgment of Parentage* at the time of birth or at any time after birth is voluntary.

Persons responsible for the preparation and filing of birth records, such as hospital staff, are required to accept the *Acknowledgment of Parentage* up to 10 days from discharge as a basis for including the acknowledging parent's information on the birth certificate. If the parents are not married to each other, completing the *Acknowledgment of Parentage* is a simple way to establish parentage and have the acknowledging parent listed on the birth certificate.

If parentage is established later on, after a birth certificate has already been created, this form must be submitted to the Parentage Registry at the Department of Public Health (please reference instructions at bottom of this page). Once parentage has been established through completion of the *Acknowledgment of Parentage*, the birth certificate will be amended to include the acknowledging parent's information and any requested change to the child's name as identified on the *Acknowledgment of Parentage*.

INSTRUCTIONS

Before completing the *Acknowledgment of Parentage*, please read these instructions and the NOTICE OF RIGHTS AND RESPONSIBILITIES on the back of the *Acknowledgment of Parentage*.

**ALL FIELDS ON THE FORM MUST BE COMPLETED.
IF THE INFORMATION ASKED FOR DOES NOT APPLY TO YOU, ENTER "N/A".**

1. If you have any questions, you should talk to an attorney. Information concerning state child support services can be obtained from any local office of the Connecticut Department of Social Services (DSS), Office of Child Support Services. The address of the local DSS office nearest you can be found in the blue pages of a local telephone book.
2. **Print** all information requested except for your signature. **Use a black ball point pen** and press hard enough to make the copies.
3. **Fill in all spaces.** List your health insurance company, even if it will not cover the hospital bill for the child's birth. If you do not have health insurance, put "none" in that space.
4. If you are completing the *Acknowledgment of Parentage* in a location other than the hospital where the child was born, remember to sign it in front of an authorized official. You may do this in another state. Leave all pages together until both parents have signed.
5. Both parents must sign their legal names on this form **in front of a notary public**, or other authorized officer. Show the notary or other officer a photo identification of yourself, such as your driver's license, motor vehicle identification card, passport, etc. If you are completing this form at the hospital or birthing center right after your child is born, tell the staff when you are ready to sign it. They will assist you with obtaining the services of a notary public.
6. Next to your signature put the date you actually signed the form. It does not have to be the same date the other parent signed.

After this form has been completed, signed, and **sworn to** by both parents, each parent will receive and need to keep a copy of the form (see copy distribution at bottom of form). The completed **original (white)** copy must be sent to the address listed below. If this form is being completed at a hospital or a local DSS office, the hospital or DSS office will forward it to DPH. If you are completing the form on your own or with the assistance of an attorney, you or the attorney must send the **original (white)** copy to the Department of Public Health

Connecticut Department of Public Health
Vital Records Section - Parentage Registry
410 Capitol Avenue- MS#11VRS
P. O. Box 340308
Hartford, CT 06134-0308
Telephone: (860) 509-7958

ACKNOWLEDGMENT OF PARENTAGE

Check One: At Birth Post Birth

This is a legal document. Complete in
BLACK ball point pen and do not alter.

CHILD			
CHILD'S NAME (As it currently appears on birth certificate) (First) John		(Middle) Michael	(Last) Smith
SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NON-BINARY	DATE OF BIRTH 2/15/2022	SOCIAL SECURITY NO. (If Available) NOT AVAILABLE	IS THE CHILD'S NAME TO BE CHANGED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES *if yes, complete line item below
CHILD'S NAME (As it will appear on new birth certificate) (First) -----		(Middle) -----	(Last) -----
PLACE OF BIRTH City Hospital		(CITY) Midtown	(STATE) CT
BIRTH PARENT			
CURRENT NAME (First) Marie		(Middle) Elle	(Last) Jones
		(Last Name Prior to Marriage If applicable) N/A	
DATE OF BIRTH 6/26/1994	TELEPHONE NUMBER 860-555-3434		SOCIAL SECURITY NO. 555-55-5555
RESIDENCE (No. and Street) 222 Main Street		(Town) Smalltown	(State or Foreign Country) CT
		(Zip Code) 00000	
ACKNOWLEDGING PARENT			
CURRENT NAME (First) Jessie		(Middle) T.	(Last) Smith
		(Last Name Prior to Marriage If applicable) N/A	
DATE OF BIRTH 3/2/1991	PLACE OF BIRTH (CITY and STATE OR FOREIGN COUNTRY) Boston, MA	SOCIAL SECURITY NO. 888-88-8888	TELEPHONE NUMBER 203-555-2121
RESIDENCE (No. and Street) 99 High Street		(Town) Bigtown	(State or Foreign Country) CT
		(Zip Code) 00001	
RACE (all that apply) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian/ Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> American Indian or Alaskan Native (specify tribe) _____ <input type="checkbox"/> Other Races (specify) _____ <input type="checkbox"/> Other Pacific Islander (specify) _____ <input type="checkbox"/> Other Asian (specify) If yes, specify: _____			
HISPANIC ORIGIN? Specify: <input type="checkbox"/> Puerto Rican <input checked="" type="checkbox"/> Cuban <input type="checkbox"/> Mexican <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		EDUCATION LEVEL: (highest level COMPLETED) <input type="checkbox"/> 8 th Grade or less <input type="checkbox"/> College/No degree <input type="checkbox"/> Master's degree <input type="checkbox"/> 9 th -12 th grade no diploma <input type="checkbox"/> Associates <input type="checkbox"/> Doctorate/professional degree <input checked="" type="checkbox"/> H.S. graduate or GED <input type="checkbox"/> Bachelors	
OCCUPATION Sales	BUSINESS/INDUSTRY Retail		
SPOKEN LANGUAGE: (include all) <input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> American Sign Language <input type="checkbox"/> Armenian <input type="checkbox"/> Chinese (Cantonese) <input type="checkbox"/> Chinese (Mandarin) <input type="checkbox"/> French (including Cajun, Patois) <input type="checkbox"/> French Creole <input type="checkbox"/> Gujarathi <input type="checkbox"/> Khmer <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Persian <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Serbo-Croatian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Spoken Language (specify) _____			
EMPLOYER XYZ Business		EMPLOYER'S ADDRESS (include City and State) 3 Business Way, Bigtown, CT	
DO YOU HAVE MEDICAL INSURANCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		MEDICAL INSURANCE COMPANY NAME Feel Fine America	POLICY NUMBER GX7-777-77
<input checked="" type="checkbox"/> We affirm that the acknowledging parent is the genetic father of this child and that the child was not born subject to a surrogacy agreement; OR <input type="checkbox"/> We affirm that the acknowledging parent meets at least one of the legal requirements to voluntarily establish parentage. Check all that apply: <input type="checkbox"/> This child was conceived through assisted reproduction with the consent of both of us and with the intention that we both raise this child. <input type="checkbox"/> We were legally married at the time of this child's birth (or if the marriage ended, this child was born not later than 300 days after the date the marriage ended). <input type="checkbox"/> The acknowledging parent resided with the birth parent in the same household with the child and openly held out the child as the person's own child from the time the child was born or adopted and for a period of at least two years.			
BIRTH PARENT'S AFFIRMATION		ACKNOWLEDGING PARENT	
I freely and voluntarily consent to this Acknowledgment of Parentage. The person identified above as 'ACKNOWLEDGING PARENT' is authorized to sign this Acknowledgment of Parentage under Connecticut law and is the parent of this child. I have read or have had read to me, and have had explained to me, the affirmations and the rights and responsibilities on the back of this form, and I understand and agree to the contents. I have had the opportunity to ask questions before I signed this form. A copy of this statement has been given to me. I attest that the above information that I have provided is true and correct to the best of my knowledge.		I freely and voluntarily acknowledge that I am the parent of the child named above, and I am authorized to sign this Acknowledgment of Parentage under Connecticut law. I accept the obligation to support this child and I understand that an order for child support may be entered. I waive my rights to a trial, a lawyer to represent me, and a genetic test to determine parentage, if applicable. I have read or have had read to me, and have had explained to me, the affirmation and rights and responsibilities on the back of this form, and I understand and agree to the contents. I have had the opportunity to ask questions before I signed this form. A copy of this statement has been given to me. I attest that the above information that I have provided is true and correct to the best of my knowledge.	
Marie E. Jones 1/1/2022		Jessie Smith 1/1/2022	
Birth Parent Signature (use current last name) _____ Date _____		Acknowledging Parent's Signature (use current legal name) _____ Date _____	
CT Anyplace Smalltown		CT Anyplace Smalltown	
State of _____ County of _____ Town of _____		State of _____ County of _____ Town of _____	
Sworn and subscribed before me on this 1st Day of January , 20 22		Sworn and subscribed before me on this 1st Day of January , 20 22	
Signature of Witness or authorized officer: Susan Doe		Signature of Witness or authorized officer: Susan Doe	
Name and title of Witness authorized officer: Susan Doe, Birth Registrar		Name and Title of Witness authorized officer: Susan Doe, Birth Registrar	
If notary, date commission expires: 6/30/2026		If notary, date commission expires: 6/30/2026	
PLACE COMPLETED <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> DPH <input type="checkbox"/> Other <input type="checkbox"/> DSS Regional Office		PLACE COMPLETED <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> DPH <input type="checkbox"/> Other <input type="checkbox"/> DSS Regional office	

NOTICE OF RIGHTS AND RESPONSIBILITIES**Read all sections before you sign the form.**

By signing this form, the Birth Parent and Acknowledging Parent affirm the following:

1. We understand that the acknowledgment of parentage is equivalent to a legal finding of parentage that is binding on both parents, whether adult or minor, and may only be challenged under limited circumstances.
2. The birth certificate of the named child does not identify any other parent except for the birth parent or the acknowledging parent.
3. There is no other parent of the named child other than the birth parent and the acknowledging parent. This means that there is no other acknowledged or adjudicated parent, person who consented to assisted reproduction by the birth parent with the intent to parent the conceived child along with the birth parent, or a person who signed a surrogacy agreement indicating such person's intent to parent the child conceived in accordance with such agreement.
4. There is no action pending in which the named child's parentage is at issue, unless all parties to the action agree to the establishment of the signatory's parentage pursuant to the acknowledgment.

NOTICE OF RIGHTS AND RESPONSIBILITIES TO BIRTH PARENT AND ACKNOWLEDGING PARENT

1. You do not have to sign the *Acknowledgment of Parentage* and you should not sign the form if you are unsure about whether the acknowledging parent meets the legal requirements of parentage, as specified in Public Act 21-15, or if you do not fully understand the rights and responsibilities that you will have upon signing the *Acknowledgment of Parentage*.
2. For an acknowledging parent who is signing as the genetic father, genetic testing (DNA) may be able to establish parentage with a high degree of accuracy, and may, under certain circumstances, be available at state expense. For the purposes of this form, a genetic father is defined as the person whose sperm fertilized the egg that resulted in the conception of the named child, and in which no surrogacy arrangement was used.
3. Once this form is completed, it will be filed with the Connecticut Department of Public Health, Parentage Registry, and the acknowledging parent's name will be placed on the birth certificate if not already listed.
4. As a legal parent, the person acknowledging parentage may obtain rights of custody and visitation, and also will be responsible for the child's financial support at least until the child's eighteenth birthday.
5. Your child may be eligible for many other benefits from the acknowledged parent such as health insurance, social security, veteran's benefits, and the right of inheritance.

ACKNOWLEDGING PARENT'S RIGHTS AND RESPONSIBILITIES – In addition to the rights and responsibilities listed above, as the acknowledging parent you will have the following rights and responsibilities.

1. You have the right to deny parentage and to have your case heard by a court or a family support magistrate.
2. You have the right to speak with an attorney before signing an *Acknowledgment of Parentage*. In addition, if there is a trial concerning the parentage of a child, you have the right to have an attorney represent you and, if you are alleged to be the genetic parent of the child and cannot afford an attorney, you can ask the court to appoint one for you.
3. As legal parent of the child, you will be liable for the child's financial and medical support at least until the child's eighteenth birthday. If you do not support your child, a civil or criminal court case may be brought against you, and the court may order that your income be withheld.
4. The child will be given many rights and benefits which the child may otherwise not have, such as the right to inherit from you, as the legal parent, and be eligible to receive health insurance, social security, or veteran's benefits.

RESCISSION

1. Either parent may rescind the *Acknowledgment of Parentage* within 60 days of signing the *Acknowledgment of Parentage* (or within 60 days of the child's birth date if signed prior to birth), by contacting the Connecticut Department of Public Health, Vital Records Section-Parentage Registry or any field office of the Connecticut Department of Social Services (DSS), Office of Child Support Services, and completing a *Rescission of Acknowledgment of Parentage* form (VS-57 form). The addresses of DSS field offices can be found on the Connecticut DSS website. After signing the VS-57 form in front of a notary public or other authorized official, forward the original to: Connecticut Department of Public Health, Vital Records Section-Parentage Registry, 410 Capitol Avenue, First Floor, MS #11VRS, P.O. Box 340308, Hartford CT 06134-0308.
2. If either parent signs the *Rescission of Acknowledgment of Parentage* (VS-57 form), the acknowledging parent's name will be removed from the birth certificate and the person will no longer be considered the legal parent of the child, unless legal parentage is established in an alternative way.
3. After 60 days from the signing of the *Acknowledgment of Parentage* (or after 60 days of the child's birth date if signed prior to birth), the acknowledging parent's name will be removed from the birth certificate only by order of the court. An *Acknowledgment of Parentage* may be challenged in the court or before a family support magistrate after the 60-day rescission period only on the basis of fraud, duress, or material mistake of fact, with the burden of proof upon the person making the challenge.

IF EITHER ONE OF YOU IS NOT ABSOLUTELY SURE THAT THE ACKNOWLEDGING PARENT MEETS THE LEGAL REQUIREMENTS OF PARENTAGE, YOU SHOULD NOT SIGN THIS *Acknowledgment of Parentage*. If you have any questions you should talk to an attorney.

The Department of Social Services' (DSS) and Department of Public Health's (DPH) programs are available to all applicants and recipients without regard to race, color, religion, sex, gender identity or expression, marital status, age, national origin, ancestry, political beliefs, sexual orientation, intellectual disability, mental disability, learning disability or physical disability including but not limited to blindness.

DSS has a TDD/TTY line
for persons who are deaf or hearing impaired and have a TDD/TTY:
1-800-842-4524, or dial 7-1-1.

Auxiliary aids are also available for blind or visually impaired persons.

The DSS and DPH are equal opportunity, affirmative action employers.

Published by
The Public & Government Relations Office
**Connecticut Department of Social
Services Publication No. 22-01
January 2022**





Maine Center for Disease Control and Prevention (Maine CDC)
 Data, Research, and Vital Statistics (DRVS)
 220 Capitol Street
 11 State House Station
 Augusta, Maine 04333-0011
 (207) 287-3771
 Fax: (207) 287-1093 TTY Users: Dial 711 (Maine Relay)

ACKNOWLEDGMENT OF PARENTAGE (AOP)

(Please type or print clearly in black ink.)

CHILD	1. Child's Name (First, middle, other middle, last, suffix)		2. Date of Birth (mm/dd/yyyy)	3. Sex	
	4. Place of Birth (City or town)	5. County of Birth	6. Type of Place of Birth <input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Home Birth <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify) _____		
	7. Facility Name (If not an institution, give street and number)		8. Facility Address (Street and number, city/town, state, zip code)		
MOTHER/PARENT	9. Mother/Parent Current Legal Name (First, middle, last, suffix)		10. Mother/Parent Name Prior to First Marriage (First, middle, last, suffix)		
	11. Date of Birth (mm/dd/yyyy)	12. Birthplace (State, Territory, or Foreign Country)	13. Social Security Number (xxx-xx-xxxx)		
	14. Mother/Parent Residence Address (Street and number, city/town, state, zip code)				
FATHER/PARENT	15. Father/Parent Current Legal Name (First, middle, last, suffix)		16. Father/Parent Name Prior to First Marriage (First, middle, last, suffix)		
	17. Date of Birth (mm/dd/yyyy)	18. Birthplace (State, Territory, or Foreign Country)	19. Social Security Number (xxx-xx-xxxx)		
	20. Father/Parent Residence Address (Street and number, city/town, state, zip code)				
FATHER/PARENT	EDUCATION (Highest grade completed at time of child's birth)		ANCESTRY (Check one box below and <u>must</u> specify if other)		
	<input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9-12 th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate Degree, AA, AS <input type="checkbox"/> Bachelor's Degree, BA, AB, BS <input type="checkbox"/> Master's Degree, MA, MS, MEng, MSW, MBA <input type="checkbox"/> Doctorate, PhD, EdD or Professional Degree, MD, DDS, DVM, LLB, JD <input type="checkbox"/> None <input type="checkbox"/> Unknown		<input type="checkbox"/> Hispanic <input type="checkbox"/> Mexican, Mexican American, Chicana <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other _____ <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Italian <input type="checkbox"/> African <input type="checkbox"/> American <input type="checkbox"/> Haitian <input type="checkbox"/> Pakistani <input type="checkbox"/> Ukrainian <input type="checkbox"/> Nigerian <input type="checkbox"/> Taiwanese <input type="checkbox"/> Other, Specify _____ <input type="checkbox"/> Unknown		
		RACE (Check all that apply)			
		<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Specify _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Specify _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Specify _____ <input type="checkbox"/> Other <input type="checkbox"/> Specify _____ <input type="checkbox"/> Don't know/ Not sure <input type="checkbox"/> Refused			
PARENTS	STATEMENT OF PARENTS: We affirm, under penalty of perjury, by the woman giving birth (mother/parent) and the person seeking to establish their parentage, that we have examined the statements on page 2 of this form and that it is correct to the best of our knowledge and belief. We are voluntarily signing this acknowledgment of parentage without being subject to duress, coercion, or threat of harm of any kind.				
	Signature of Mother/Parent ▶		Date Signed (mm/dd/yyyy)	Signature of Father/Parent ▶	
STATEMENT	NOTARY PUBLIC/MUNICIPAL CLERK: The above individuals personally appeared before me and made oath to the truth of the foregoing statements.				
	State of: _____		State of: _____		
	County of: _____		County of: _____		
	Signed or attested before me on (mm/dd/yyyy): _____		Signed or attested before me on (mm/dd/yyyy): _____		
	Commission Expiration Date: _____		Commission Expiration Date: _____		
Signature of Notary Public/Municipal Clerk ▶		Signature of Notary Public/Municipal Clerk ▶			

ACKNOWLEDGMENT OF PARENTAGE (Continued)

(Please type or print clearly in black ink.)

Case ID Number

Child's Name (First, middle, last, suffix)	Date of Birth (mm/dd/yyyy)	Sex
STATEMENTS OF ACKNOWLEDGMENT <i>(Please see page 3 for instructions, definition, examples and/or legal citations.)</i>		
The statements of acknowledgment below must be read to each parent before it is signed, initialed and notarized.		
Parents <u>must check each of the statements</u> provided below in order for the AOP to be valid.		
<input type="checkbox"/>	We understand we have the right to talk with an attorney before signing and we understand once we have signed this acknowledgment, we will be legally responsible for financially supporting this child until at least the age of 18, and until the age of 19 if still in high school. Parents may be required to pay for past medical expenses, birth expenses and child support for this child.	
<input type="checkbox"/>	We understand by signing this acknowledgment and initialing below, we will give this child a legal record identifying each of us as parents. This will enable this child to get access to Social Security or veteran benefits, inheritance rights, life insurance and access to health insurance and medical information.	
<input type="checkbox"/>	We understand the completion of an Acknowledgment of Parentage does not involve custody or visitation rights. (Parents must go to court to gain rights.)	
We understand by signing this acknowledgment and initialing below that:		
<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ There is no other presumed parent of the child or, if there is another presumed parent, that parent intends to complete a Denial of Parentage (DOP) form and we agree to provide the name of the presumed parent in the section below. ▪ There is no other acknowledged parent, adjudicated parent or intended parent other than the woman who gave birth to the child. ▪ There has not been genetic testing, or ▪ There has been genetic testing, and the acknowledging parent's claim of parentage is consistent with the results of genetic testing. 	
<input type="checkbox"/>	We understand that this document is voidable if another person has already acknowledged parentage or if a court determination has already been done to establish parentage.	
<input type="checkbox"/>	We understand that this acknowledgment is the equivalent of a court adjudication of parentage of this child and that a challenge to the acknowledgment is permitted only under limited circumstances and is not allowed after two years.	
<input type="checkbox"/>	We understand that a signatory may rescind an acknowledgment of parentage by commencing a court proceeding before the earlier of 60 days after the effective date of the acknowledgment or the date of the first hearing in a court proceeding in which a signatory is a party to adjudicate an issue relating to the child.	
<input type="checkbox"/>	We understand that any changes in the mother/parent marital status (single, marriage or refused) from what was completed on the parent worksheet at the time of the child's birth may result in additional documentation and/or a correction to the marital status. (Please see page 3 for additional documentation requirements depending on mother/parent's circumstances at the time of birth.)	
We affirm that the acknowledging parent meets <u>at least one</u> of the legal requirements below to voluntarily establish parentage.		
<input type="checkbox"/>	The acknowledging parent is the genetic father/parent of this child and we were not married at the time of the child's birth.	
<input type="checkbox"/>	The acknowledging parent resided with the mother/parent in the same household with the child and openly held out the child as the person's own child from the time the child was born or adopted and for a period of at least two years thereafter and assumed personal, financial, or custodial responsibilities for the child.	
<input type="checkbox"/>	The child was conceived through assisted reproduction with the consent of both of us with the intent to parent the child.	
<input type="checkbox"/>	The acknowledging parent is the genetic father/parent of this child and we were married at the time of the child's birth.	
<input type="checkbox"/>	We were legally married at the time of birth (or if the marriage ended, the child was not born no later than 300 days after the date the marriage ended). (Please see page 3 for additional documentation requirements depending on mother/parent's circumstances at the time of birth.)	
<input type="checkbox"/>	The mother/parent was legally married at the time of birth and the presumed parent (spouse) listed on the child's birth certificate is not the genetic or intended parent. The mother/parent and the acknowledging parent would like to acknowledge parentage by the execution of this AOP and it is understood that a Denial of Parentage (DOP) form from the presumed parent (spouse) is required in order for this AOP to be valid. (The AOP and DOP may be filed separately or simultaneously, but neither is valid until both are filed.)	
The full name of the presumed parent is: _____.		
Parents must initial below acknowledging that oral and written instructions were provided, and they understand the information presented.		
		We have read and understand the instructions provided which have also been provided to us orally. We understand the legal consequences of and the rights and responsibilities that arise from signing the acknowledgment. We have authenticated, under penalty of perjury the above statements are correct to the best of our knowledge and belief.

ACKNOWLEDGMENT OF PARENTAGE NOTES AND INSTRUCTIONS

1. WHO CAN SIGN THE ACKNOWLEDGMENT OF PARENTAGE (AOP) FORM TO ESTABLISH PARENTAGE OF A CHILD?

(Pursuant to 19-A MRS §1861)

- A. **THE WOMAN WHO GAVE BIRTH.** A woman who gave birth to the child and who is not a gestational carrier;
- B. **ALLEGED GENETIC PARENT.** A person who is the alleged genetic parent of the child and who is not a donor;
- C. **PRESUMED PARENT.** (Marital and Non-Marital Presumption)
 - 1. **Marital Presumption.** A person who is married is presumed to be the parent of a child if:
 - The person and the woman giving birth to the child are married to each other and the child is born during the marriage;
 - The person and the woman giving birth to the child were married to each other and the child is born within 300 days after the marriage is terminated by death, annulment, divorce or declaration of invalidity or after a decree of separation; or
 - Before the birth of the child, the person and the woman giving birth to the child married each other in apparent compliance with law, even if the attempted marriage is or could be declared invalid, and the child is born during the invalid marriage or within 300 days after its termination by death, annulment, divorce or declaration of invalidity or after a decree of separation.
 - 2. **Non-Marital Presumption.** A person is presumed to be a parent of a child if the person resided in the same household with the child and openly held out the child as that person's own from the time the child was born or adopted and for a period of at least 2 years thereafter and assumed personal, financial or custodial responsibilities for the child.
- D. **INTENDED PARENT.** A person, married or unmarried, who manifests the intent to be legally bound as the parent of a child resulting from assisted reproduction. In the case of a married couple, any reference to an intended parent includes both spouses for all purposes.

2. CAN WE COMPLETE THE AOP FORM TO ESTABLISH PARENTAGE OF A CHILD IF THERE IS AN ACKNOWLEDGED, ADJUDICATED, OR A PRESUMED PARENT ALREADY LISTED?

Yes, if the woman who gave birth was married (or formerly married) claims that her spouse (or ex-spouse) is not the genetic or intended parent of the child and the alleged parent would like to acknowledge parentage, the spouse listed on the child's birth record must complete a Denial of Parentage (DOP) form. The DOP form may be found on Data, Research, and Vital Statistics website at <https://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/forms/index.shtml>. At that time, the mother and alleged parent must submit an AOP along with the DOP. The AOP and DOP may be filed separately or simultaneously, but neither is valid unless both are filed with the Office of Data, Research, and Vital Statistics.

An AOP form may not be executed by the woman who gave birth and an alleged parent if parentage has already been established by a previous acknowledged or adjudicated parent. Parents in this type of situation may rescind an acknowledgment of parentage by commencing a court proceeding before the earlier of 60 days after the effective date of the acknowledgment or the date of the first hearing in a court proceeding in which a signatory is a party to adjudicate an issue relating to the child **OR** obtain an order adjudicating whether a person alleged or claiming to be a parent is the parent of a child. If a parent has been added to the child's birth record by a court determination, it may only be amended by another court determination or an adoption of the child.

LEGAL CITATIONS: (Pursuant to 19-A MRS §1832)

"Acknowledged parent" means a person who has established parentage by filing the AOP with the Office of Data, Research, and Vital Statistics.

"Adjudicated parent" means a person who has been adjudicated by a court of competent jurisdiction to be the parent of the child.

3. CAN I COMPLETE THE AOP FORM TO ESTABLISH PARENTAGE OF A CHILD IF I REFUSED TO PROVIDE MY MARITAL STATUS (SINGLE OR MARRIED) AT THE TIME MY CHILD WAS BORN?

Yes, an AOP may be completed although a correction or amendment to the marital status must be made in order to apply the AOP form to the birth record. Otherwise, the birth record will only print the name of the woman who gave birth regardless if the mother was married or single at the time of the child's birth or if an AOP has been filed. The VS-7 Application to Correct a Vital Record in Maine (and instructions) may be found on DRVS website at <https://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/forms/index.shtml>.

INSTRUCTIONS FOR PARENTS FOR THE COMPLETION OF AOP

- ❖ Each parent must sign in the presence of a notary public and the notary must notarize each signature on page 1.
- ❖ Each parent must initial and select the appropriate statements of acknowledgment on page 2.
- ❖ Alterations, erasures, white-outs, cross-outs, write overs, etc., will not be accepted and will invalidate the form.
- ❖ The completed and notarized Acknowledgment of Parentage (AOP) form and statements, along with any applicable fees, must be submitted directly to the Office of Data, Research, and Vital Statistics at the mailing address provided in the top right hand corner on the first page. Appointments may be requested by calling the office at (207) 287-3771 or 1-888-664-9491.
- ❖ The fee for one certified copy of the Certificate of Live Birth after the AOP has been applied is \$15.00. Additional copies requested at the same time are \$6.00 each.