# DISTRIBUTION OF COPIES: Original to Registrar of Vital Records, Copies to Child Support, Mother and Father.

# STATE OF LOUISIANA

# **ACKNOWLEDGMENT OF PATERNITY AFFIDAVIT**

CHILD BORN OUTSIDE 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 docume	ent. Complete	in ink and do	not alte	
lame of Child	l - First, Mid	dle, Last (As it appears on	birth cert	ificate)	This is a legal document. Complete in ink and do not alter.  Date of Birth - (Month, Day, Year)						
Place of Birth	- City, State	:	N	lame of Hospital							
lame of Child ertificate)	d - First, Mide	dle, Last (As the parents w	ant it to a	appear on birth							
ECTION I	II. МОТН	ER'S INFORMATIO	N								
ame of Moth	er - First, M	iddle, Last				(Maiden Name)		Date of Birth - (Month, Day, Year)			
lother's Addre	ess							Mother's	Phone Numbe	r	
lother's Place	e of Birth - C	City, State	Race (Circle) An	nerican Indian, Bl	ack, White, Asian		Mother's Social Security Number				
lother's Empl	loyer - Nam	e & Address					Mother's Oc	cupation			
/as Mother M	Married at Ti	me of Birth	If Yes, I	Name and Address of	Husband		1				
Circle One:	Yes	No									
oes Mother I	Have Health	Insurance	If Yes, I	Name of Insurance Co		State Medicaid:					
Circle One:	Yes	No						Circle One:	Yes	No	
ECTION I	III. FATHI	ER'S INFORMATION	٧								
ame of Fathe	<u> </u>	ddle, Last						Date of Birth - (	Month, Day, Y	ear)	
ather's Addre	ess							Father's F	Phone Number	•	
ather's Place	of Birth - C	ity, State		Race (Circle) An	nerican Indian, Bl	ack, White, Asian		Father's Social	Security Numb	er	
ather's Empl	oyer - Name	e & Address		jii Otrier, List.			Father's Occ	cupation			
ather's Guard	dian (If Fath	er under age 18) Print Nar	Guardian's Address			Guardian's	ardian's Signature				
oes Father H	Have Health	Insurance	If Yes, I	Name of Insurance Co	ompany and Polic	cy No.					
ircle One:	Yes	No									
	вотн	PARENTS AND FATH	IER'S G	UARDIAN (IF APF	PLICABLE) MU	IST SIGN IN FRO	ONT OF THE	E NOTARY P	JBLIC		
that all sta knowledge acknowledge I give my co child. I decl and had no further acknowledge.	atements made at the manager that the roonsent to hall are and affired the consequence of the consequence.	at I am the MOTHER of the ade herein are true and ing this Affidavit voluntarily man named above is the beave his name appear on the most that at the time of my chrifted in the 300 days prionat I have received oral arces resulting from my ackend this notice.	correct to and of no iological for the Certifical ild's birth, or to the book of ad written	o the best of my ny own free will. I ather of my child. ate of Birth of my , I was not married birth of my child. I notice of the legal	that all state am signing have receive from my ack	certify that I am the ments made herein this Affidavit volunt ed oral and written r inowledging the pat	n are true and tarily and of r notice of the le	correct to the b my own free will egal rights and c	est of my kno I. I acknowled onsequences	wledge. dge that resultin	
	S SIGNATUI		DATE:	GUARDIAN'S SIGNATURE (If Father under age 18)  DATE:							
WITNESS:					WITNESS:						
WITNESS:				WITNESS:							
NOTICE: N	IOTARY MU	JST SEE PHOTO ID		NOTICE: NOTARY MUST SEE PHOTO ID							
State of Lou	uisiana, Pari	ish of			State of Lou	isiana, Parish of					
Signed and	I Affirmed be	efore me on this		day of	Signed and	Affirmed before me	on this		day	of	
Signature,	then PRINT	Γ name of Notary			Signature, tl	hen PRINT name o	f Notary			_	
State Notar	ry Registrati	on Number My Co	ommissio	n Expires on	State Notary	Registration Numb	— per	My Commissio	n Expires on	_	

### 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 when the child was conceived or born, or were divorced for less than three hundred days when the child was born, must use the VRR-44 3P (Three Party) affidavit form, instead of this form.

### RIGHTS AND RESPONSIBLITIES 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 indi	cate that	t you have	e read a	and unde	erstood th	is notice	of alternative	s, rights an	d responsibilities	, please in	itial
below.	If you re	equire fur	ther ass	sistance	you may	call us at	t (504) 593 -	5100			

Mother's Initials	
Father's Initials	

VRR-44 2-P (05/10)