### STATE OF LOUISIANA

# ACKNOWLEDGMENT OF PATERNITY AFFIDAVIT

### CHILD BORN OF MARRIAGE

NOTICE: You must read and initial the NOTICE OF ALTERNATIVES, RIGHTS AND RESPONSIBILITIES before you sign the affidavit.

#### TION I. CHILD'S INFORMATION SEC

SECTION I. CHILD S INFORMATION			This is a	legal docun	nent. Complete	e in ink and do	not alt
Name of Child - First, Middle, Last (As it appears on	birth ce	ertificate)		0	-	- (Month, Day, Y	
Place of Birth - City, State			Name of Hospital				
Name of Child - First, Middle, Last (As the parents w	ant it to	appear on birth ce	ertificate)				
SECTION II. MOTHER'S INFORMATION							
Name of Mother - First, Middle, Last			(Maiden Name)		Date of Birth	- (Month, Day, Y	Year)
Mother's Address					Mother	's Phone Numbe	er
		Daga (Cirol	a) American Indian Diask White Asian				
Mother's Place of Birth - City, State		If Other, Lis	e) American Indian, Black, White, Asian it:		Mother's Soc	ial Security Nurr	iber
Nother's Employer - Name & Address				Mother's (	Occupation		
Was Mother Married at Time of Birth Circle One: Yes No	If Yes	, Name and Addre	ess of Husband				
Does Mother Have Health Insurance	If Yes	, Name of Insurance	ce Company and Policy No.				
Circle One: Yes No					Circle One:	Yes	No
SECTION III. FATHER'S INFORMATION Name of Father - First, Middle, Last					Date of Birth	- (Month, Day, Y	Year)
							,
Father's Address					Father'	s Phone Numbe	ŧr
Father's Place of Birth - City, State		Race (Circle If Other, Lis	e) American Indian, Black, White, Asian		Father's Soci	al Security Num	ber
Father's Employer - Name & Address				Father's C	Occupation		
Father's Guardian (If Father under age 18) Print Nam	Guardian's Addres	dian's Address Gu			ardian's Signature		
Does Father Have Health Insurance Circle One: Yes No	If Yes	, Name of Insuranc	ce Company and Policy No.				
my acknowledging the paternity of my child and I un MOTHER'S SIGNATURE	–	ind this notice.	DATE				
WITNESS			WITNESS				
State of Louisiana, Parish of							
Signed and Affirmed before me on the		day of	Signature then PRINT name of I	Notary			
;;			State Notary Registration Numb	er	My Com	mission expires	on
<b>FATHER:</b> I certify that I am the biological FATHER tenths percentage point threshold probability that I knowledge. I am signing this Affidavit voluntarily an resulting from my acknowledging the paternity of m	am th d of my	e biological father own free will. I ack	of the child, and that all statements m knowledge that I have received oral and	ade herein a	are true and co	rrect to the best	t of my
FATHER'S SIGNATURE			DATE				
GUARDIAN'S SIGNATURE (If Father under age 18)			DATE				
WITNESS			WITNESS				
State of Louisiana, Parish of			Signature then PRINT name of I	Notarv			—
Signed and Affirmed before me on theday of							
HUSBAND/EX-HUSBAND OF THE MOTHER: I c marriage or within three hundred days from the date				he mother is	s the father of a	mission expires a child born duri	
HUSBAND/EX-HUSBAND'S SIGNATURE			DATE				
WITNESS			WITNESS				
State of Louisiana, Parish of							
Signed and Affirmed before me on the		day of	Signature then PRINT name of I				
,		_ ,	State Notary Registration Numb	er	My Corr	nmission expires	son

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# 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. 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 LA. R.S. 40:46.5 and LA. R.S. 9:409(A).

## **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 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