

Voluntary Acknowledgment of Paternity Affidavit (Form 45-21) Instructions

PATERNITY LAWS AND RULES

- The Center for Health Statistics, County vital records offices, and hospitals or other birthing facilities shall make available to all non-married mothers a Voluntary Acknowledgment of Paternity Affidavit form. The form (45-21) must be signed before a notary, and may be given to parents who must sign a paternity acknowledgment outside a hospital or birthing facility or longer than 5 days after the date of birth.
- Forms dated 01/01/2016 and later will be accepted for filing. Any forms dated prior to 01/01/2016 should be shredded and new forms requested.

<small>(Signature of notarial officer)</small>	<small>(Date)</small>	
FATHER'S NAME AND SIGNATURE – DO NOT SIGN UNTIL NOTARY IS PRESENT		
_____ X _____	_____ / / _____	
<small>(Father's printed name)</small>	<small>(Father's signature)</small>	<small>(Date signed)</small>
NOTARY	Signed in the State of _____, County of _____.	
	This instrument was acknowledged before me on: _____, by _____.	
	<small>(Date)</small>	<small>(Name of father)</small>
	X _____ My commission expires: _____	
<small>(Signature of notarial officer)</small>		<small>(Date)</small>
<small>For Vital Records use only</small>		<small>Per ORS 109.070(e) Paternity is established upon filing of this form by the</small>
<small>Date filed:</small>		<small>State Registrar of the Center for Health Statistics</small>
		45-21 (01/16)

- If the mother is married 300 days prior to the birth of the child¹, or at any time during her pregnancy (including date of conception, date of birth, or anytime in between), her husband is the only man that may be listed as the father, even if he is not the biological father. Mother can refuse to list her husband as the father if she wishes. In order for the biological father to be added, a court judgment is needed disestablishing the husband as the biological father of the child and naming someone else as the biological father of the child. The State office should be contacted for more details on this process.
- This form is NOT valid if either person signing the affidavit has:
 1. Signed a consent to the adoption of the child, or signed a document relinquishing the child to a public or private child-caring agency; *
 2. Had their parental rights terminated by a court; or *

¹ These restrictions to use of this form and process were established with the passage of House Bill 2382 during the 2007 Oregon Legislative Session.

3. Been determined not to be the biological parent in adjudication*.

- For 60 days after filing a Voluntary Acknowledgment of Paternity, either parent has the right to remove the father's name from the birth certificate. Either the Mother or the Father can call the state office and request information about removing the father's name from the record. A "Rescind of Paternity" form must be completed and postmarked within 60 days of the date that the Voluntary Acknowledgment of Paternity was filed. (ORS 109.070). The only valid reason for rescinding a Voluntary Acknowledgment of Paternity or Voluntary Acknowledgment of Paternity Affidavit is if either of the signers is unsure that the man who signed the form is in fact the father of the child.
- It is the responsibility of the parents to get the father's name listed on the birth certificate if the family leaves the hospital or other health care facility without filling out a Voluntary Acknowledgment of Paternity (45-31). At any time thereafter, paternity can be established with the signing of the Voluntary Acknowledgment of Paternity Affidavit (45-21). This form must be signed by both parents in the presence of a notary public. Hospitals and other facilities may give this form to parents, or parents can go to their local county health department, child support program office, or call the State Vital Records office (Center for Health Statistics) to obtain this form. There is a \$35.00 amendment fee for adding the father's name to the birth record after the birth record is filed, unless the Affidavit is filed with either the local County health department or with the State Center for Health Statistics within 14 days of the birth.

According to federal law, parents must hear the "Statement of Rights and Responsibilities" which is printed on the back of the form. Staff may read the Statement or parents may read the Statement aloud to one another. An English language version can be found here: <http://public.health.oregon.gov/BirthDeathCertificates/ChangeVitalRecords/Documents/Paternity%20Docs/45-21rights.pdf> and a Spanish language version here: <https://public.health.oregon.gov/BirthDeathCertificates/ChangeVitalRecords/Pages/InstructionsPaternity.aspx>

- County or state staff may assist parents in filling out this form, **and** may also notarize the signatures of the parents as long as they are not one of the parents or related to one of the parents, and are commissioned as a notary public.
- **Parents must print and sign their own names before a notary. This information may not be typed or filled out by the notary.**

INSTRUCTIONS

- 1) Please remember that this is a LEGAL DOCUMENT. Do not use white out. Minor corrections initialed by the person entering the information at the time the form is filled out will be accepted. No corrections will be accepted to the child's surname. Unacceptable corrected forms or forms with blank spaces will be rejected and new forms will be required.

- 2) The Voluntary Acknowledgment of Paternity Affidavit form (45-21) is used after the mother has left the hospital or other birthing facility.
- 3) Once the affidavit is completed, the first page of instructions is removed and can be discarded. The second page is sent to the State Vital Records office, while the last two pages are given to the parents. Please remind them that these are their copies of this legal form. After filing, only the parents listed, or the registrant age 18 or over, or a child support enforcement agency will be able to order without a court order from an Oregon court.

<small>(Signature of notarial officer)</small>	<small>(Date)</small>	
FATHER'S NAME AND SIGNATURE – DO NOT SIGN UNTIL NOTARY IS PRESENT		
<small>(Father's printed name)</small>	<input checked="" type="checkbox"/> <small>(Father's signature)</small>	<small>(Date signed)</small> / /
NOTARY	Signed in the State of _____, County of _____	
	This instrument was acknowledged before me on: _____, by _____ <small>(Date) (Name of father)</small>	
	<input checked="" type="checkbox"/> My commission expires: _____ <small>(Date)</small>	
	<small>(Signature of notarial officer)</small>	
<small>For Vital Records use only</small> Date filed:	<small>Per ORS 109.070(e) Paternity is established upon filing of this form by the State Registrar of the Center for Health Statistics</small>	
CENTER FOR HEALTH STATISTICS		45-21 (01/16)
MOTHER		45-21 (01/16)
FATHER		45-21 (01/16)

- 4) Sections 1, 2, and 3 must be completed with all the required information pertaining to the child, mother and father. The Date and County of Marriage in Section 4 must also be completed if applicable. Please verify that each section is complete and that the names match the birth certificate or birth worksheets.

Every effort should be made to gather all requested information about the mother and father. However, if information such as Social Security Number, Daytime Telephone Number, or Present Address, is not known, either “None” or “Unknown” should be entered in the space provided. If a parent refuses to give information, “Refused” should be entered in the space. **No spaces should be blank.**

Voluntary Acknowledgment of Paternity Affidavit

THIS IS A LEGAL DOCUMENT

Fees: \$35 Filing fee
\$25 Birth certificate

This document establishes paternity under ORS 432.098. Signatures of the parents below establish paternity and create legally binding duties upon both parents for the child named in this Affidavit, including duty for both parents to financially support the child. *Do not sign until you understand your legal rights and responsibilities as stated on the back of this form.*

Complete in ink and do not alter.

SECTION 1 – CHILD (as named on birth certificate)						CSP USE ONLY
Child's name: First		Middle		Last		
<i>Jennifer</i>		<i>Marie</i>		<i>Applegate</i>		
Date of birth: (mm/dd/yyyy)		Birthplace: City		County		Child's new last name: (as it should appear on birth certificate)
<i>09 / 15 / 2016</i>		<i>Portland</i>		<i>Multnomah</i>		<i>Hampton</i>
SECTION 2 – NATURAL MOTHER OF CHILD						
Mother's name: First		Middle		Last		Suffix (Example: Jr. or Sr.)
<i>Linda</i>		<i>Dawn</i>		<i>Applegate</i>		
Present address: No. and street		City		State		ZIP
<i>2011 N Oak St</i>		<i>Portland</i>		<i>Oregon</i>		<i>97212</i>
Date of birth: (mm/dd/yyyy)		Birthplace State: (If not United States, name country)		Last name before any marriages: (Maiden name)		Daytime telephone number:
<i>04 / 02 / 1990</i>		<i>Idaho</i>		<i>Applegate</i>		<i>(None)</i> -
SECTION 3 – NATURAL FATHER OF CHILD						
Father's name: First		Middle		Last		Suffix (Example: Jr. or Sr.)
<i>Jonathan</i>		<i>Andrew</i>		<i>Hampton</i>		
Present address: No. and street		City		State		ZIP
<i>None</i>						
Date of birth: (mm/dd/yyyy)		Birthplace State: (If not United States, name country)		Last name before any marriages: (Maiden name)		Daytime telephone number:
<i>11 / 12 / 1991</i>		<i>Washington</i>				<i>(None)</i> -
SECTION 4 – LEGITIMATION						
Date of Marriage: /		County of Marriage:				
<i>/</i>		<i>None</i>		<i>None</i>		
SECTION 5 – NOTARIZED SIGNATURES						

Complete every field on the form. Enter "none" or "unknown" only for social security numbers, telephone numbers, addresses, or Section 4 legitimation if information is not available.

- 5) Please make sure the Maiden Surname box is completed. If the mother is unsure what her maiden surname is, explain that it is the last name that is on her birth certificate, or her last name at birth.
- 6) If parents are signing the form at separate times before different notaries public, it is recommended that the first parent fill out the Child's New Last Name in Section 1. The space for the Child's New Last Name should not be left blank to avoid the second parent from changing the surname after the first parent has signed the form. **Any white out or cross-outs of the child's surname will invalidate the form.**
- 7) Please note that the bottom portion of the affidavit is not to be completed without a notary present. Signature lines contain the most common errors on the paternity form. **Please be sure that the parents print their legal names (demonstrated as "A" in the example below), sign their legal names (demonstrated as "B" in the example below), and date their signatures (demonstrated as "C" in the example below).** The Notary will complete all other lines on the bottom portion of the form. The date next to the parent signature must be the same date as appears next to the notary signature.

SECTION 5 – NOTARIZED SIGNATURES	
Read and understand <u>before</u> you sign this document.	
It is a Class C felony for any person to make any false statement or supply false information intending that the information be used in the preparation of any certificate. The Statement of Rights and Responsibilities, which is on the reverse side of this Affidavit, must have been read to you prior to the signing of this Voluntary Acknowledgment of Paternity Affidavit.	
I acknowledge the following: 1) I am the biological parent of the child; the above information is true; 2) the mother was not married to anyone at the time of the child's conception, birth, or anytime in between, or 300 days prior to the birth of the child; 3) I have not consented to the adoption of the child; 4) it has not been determined that I am not the biological parent of the child; 5) I have not surrendered my parental rights to a public or private child-caring agency, and have not had my parental rights terminated for this child; 6) I am signing this Affidavit for the purpose of establishing paternity of the child.	
MOTHER'S NAME AND SIGNATURE – DO NOT SIGN UNTIL NOTARY IS PRESENT	
A Jennifer Applegate (Mother's printed name)	<input checked="" type="checkbox"/> B <i>Jennifer Applegate</i> (Mother's signature) C 09 12 2016 (Date signed)
NOTARY	Signed in the State of <u>Oregon</u> County of <u>Multnomah</u>
	This instrument was acknowledged before me on: <u>9/12/2016</u> , by <u>Jennifer Applegate</u> (Date) (Name of mother)
	<input checked="" type="checkbox"/> <i>Phillip Morrison</i> My commission expires: <u>5/10/2018</u> (Signature of notarial officer) (Date)
FATHER'S NAME AND SIGNATURE – DO NOT SIGN UNTIL NOTARY IS PRESENT	
A Jonathan Hampton (Father's printed name)	<input checked="" type="checkbox"/> B <i>Jonathan Hampton</i> (Father's signature) C 09 14 2016 (Date signed)
NOTARY	Signed in the State of <u>Oregon</u> County of <u>Clackamas</u>
	This instrument was acknowledged before me on: <u>9/14/2016</u> , by <u>Jonathan Hampton</u> (Date) (Name of father)
	<input checked="" type="checkbox"/> <i>Linda Smith</i> My commission expires: <u>8/21/2017</u> (Signature of notarial officer) (Date)
For Vital Records use only Date filed:	Per ORS 109.070(e) Paternity is established upon filing of this form by the State Registrar of the Center for Health Statistics
45-21 (01/16)	

The Voluntary Acknowledgment of Paternity Affidavit form is a legal document. It cannot be accepted if it is incomplete, has been altered, or was not signed in the presence of a notary. If the form has been completed incorrectly, both parents must complete and sign a new Voluntary Acknowledgment of Paternity Affidavit in the presence of a notary public. Unless filed within 14 days of the birth, requests to establish paternity using this form will incur a \$35 amendment fee, plus a \$25 fee for a new certified copy of the birth certificate.

For Additional Information

We appreciate your attention to detail when filling out this form, or when assisting families to fill out this form. If you are in need of additional assistance or would like training regarding the process of filling out this paperwork or filing with the vital records office, please call the Paternity Specialist at 971-673-1176, or the Partner Services Manager at 971-673-1160. If either you or the family has questions regarding child support or other issues relating to child support, contact the state Child Support Division at 971-673-1690. Collect calls are accepted when calling child support offices.

The Center for Health Statistics provides postage-paid envelopes for mailing the forms. To order envelopes or forms, complete the order form available on our website at:

<http://public.health.oregon.gov/BirthDeathCertificates/RegisterVitalRecords/Documents/4543.pdf> and fax it to 971-673-1201.

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