LOUISIANA DEPARTMENT OF HEALTH
Office of Public Health

Acknowledgment of Paternity - Child Born outside of Marriage

The **Acknowledgment of Paternity Affidavit - Child Born outside of Marriage** is used to add the biological father to a child's birth certificate if the mother was **not** married at the time of birth or within **300** days of the birth.

If an Acknowledgment of Paternity Affidavit has been completed for this child and a father is currently listed on the child's birth certificate, DO NOT COMPLETE THIS FORM.

This **Acknowledgment of Paternity Affidavit** may not be signed prior to the child's birth. If the affidavit is available at the time of the child's birth or within **15 days after the birth**, the birthing hospital where the child was born will provide the affidavit at no cost to allow registration of the birth with the biological father listed as the child's father.

Checklist for Submitting an Acknowledgment of Paternity Affidavit

Please include **all** the following documents when submitting your Amendment request:

- ☐ Complete a notarized Acknowledgment of Paternity Affidavit (AOP)
  - Complete AOP in **black ink** only
  - Photocopies and AOP Affidavits with any alterations, corrections or white outs will be rejected
  - All parties must initial 2nd page of AOP
  - Confirm the spelling of all names. The birth registrant's name will be recorded exactly as it appears on the affidavit.
  - Complete all items. **DO NOT** leave an item blank. Indicate **N/A** if not applicable.
  - Submit copy of both parents' valid, current government-issued photo identification (driver's license, state ID, passport)
- ☐ If the AOP is being submitted by an Adult Child and involves a name change:
  - Submit a letter or affidavit from the District Attorney of the parish/county in which you reside or parish of birth with no objection to the name change
  - Submit copy of adult child's valid, current government-issued photo identification (driver's license, state ID, passport)
  - Submit written authorization from the adult child (18 years or older) granting permission for parents to process AOP/change name on their behalf
- ☐ Amendment processing fee of **$27.50** (*includes alteration of birth certificate, new birth certificate and state mail charge)*
  - Fees are non-refundable
  - Fees must be in the form of a check or money order **DO NOT MAIL CASH**
- ☐ Copy of the original birth certificate **or** a $15.00 birth search fee
- ☐ Include **Case number** if an amendment process is in progress
- ☐ **Optional:** Include an additional $10.00 to receive a certified copy of the signed AOP mailed
- ☐ Mail documents and fees to:

Louisiana Vital Records Registry
Attn: Amendments Department
P.O. Box 60630
New Orleans, LA 70160

LSA – R.S. 40:41 provides for a fine of up to ten thousand dollars or imprisonment for up to five years or both for any person convicted of willfully and knowingly providing false information or making a false statement in a Louisiana birth certificate or form presented in support of a birth certificate.

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 document. Complete in black ink only 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	
Name of Child - First, Middle, Last (As the parents want it to appear on birth certificate)		

SECTION II. MOTHER/PARENT'S INFORMATION

Name of Mother/Parent - First, Middle, Last	(Maiden Name)	Date of Birth - (Month, Day, Year)
Mother/Parent's Address		Mother/Parent's Phone Number
Mother/Parent's Place of Birth - City, State	Race (Circle) American Indian, Black, White, Asian If Other, List:	Mother/Parent's Social Security Number
Mother/Parent's Employer - Name & Address		Mother/Parent's Occupation
Was Mother/Parent Married at Time of Birth Circle One: Yes No	If Yes, Name and Address of Husband/Spouse	
Does Mother/Parent Have Health Insurance Insurance Circle One: Yes No	If Yes, Name of Insurance Company and Policy No.	State Medicaid: Circle One: Yes No

SECTION III. FATHER/PARENT'S INFORMATION

Name of Father/Parent - First, Middle, Last		Date of Birth - (Month, Day, Year)
Father/Parent's Address		Father/Parent's Phone Number
Father/Parent's Place of Birth - City, State	Race (Circle) American Indian, Black, White, Asian If Other, List:	Father/Parent's Social Security Number
Father/Parent's Employer - Name & Address		Father/Parent's Occupation
Does Father/Parent Have Health Insurance Circle One: Yes No	If Yes, Name of Insurance Company and Policy No.	

BOTH PARENTS AND FATHER/PARENT'S MUST SIGN IN FRONT OF THE NOTARY PUBLIC

MOTHER/PARENT: I certify that I am the MOTHER/PARENT 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/parent 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 am not married and that I have not been married in the past 300 days. I further acknowledge that I have received written notice of the legal rights and consequences resulting from my acknowledging the paternity of my child and I understand this notice.

_____
MOTHER/PARENT'S SIGNATURE DATE:

WITNESS: _____

WITNESS: _____

NOTICE: NOTARY MUST SEE PHOTO ID

State of Louisiana/Other State, Parish/County of _____

Signed and Affirmed before me on this _____ day of

_____, _____

_____
Signature, then PRINT name of Notary

_____ _____
State Notary Registration Number My Commission Expires on

FATHER/PARENT: I certify that I am the biological FATHER/PARENT 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/PARENT'S SIGNATURE DATE:

WITNESS: _____

WITNESS: _____

NOTICE: NOTARY MUST SEE PHOTO ID

State of Louisiana/Other State, Parish/County of _____

Signed and Affirmed before me on this _____ day of

_____, _____

_____
Signature, then PRINT name of Notary

_____ _____
State Notary Registration Number My Commission Expires on

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

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 Acknowledgment is properly completed and signed, the biological father/parent's name is entered on the birth certificate in place of the name of the husband of the mother/parent and the man becomes the legal father/parent of the child. This acknowledgment 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/parent of this child, you should not sign the form. You should have a genetic test.

Mother/Parents who are married to someone other than the biological father/parent when the child was conceived or born or were divorced for less than three hundred days when the child was born, must use the VR-B7 3P (Three Party) acknowledgment affidavit form, instead of this form.

In accordance with La. R.S. 9:405.1, a minor under sixteen years of age may not execute an Acknowledgment of Paternity Affidavit. Upon a minor reaching sixteen or seventeen years of age, an Acknowledgment of Paternity Affidavit may be executed only with judicial authorization.

RIGHTS AND RESPONSIBLITIES OF A PARENT

- Either party has the right to request a genetic test to determine if the alleged father/parent is the biological father/parent of the child.
- The alleged father/parent has the right to consult an attorney before signing an acknowledgment of paternity.
- If the alleged father/parent does not acknowledge the child, the mother/parent has the right to file a paternity suit to establish paternity. After the alleged father/parent signs an acknowledgment of paternity, they have the right to pursue visitation with the child and the right to petition for custody.
- Once an acknowledgment of paternity is signed, the father/parent may be obligated to provide child support for the child.
- Once an acknowledgment 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 acknowledgment 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.
  - Acourt hearing relating to the child, including a child support proceeding, in which the father/parent is involved.

  Thereafter, the acknowledgment 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/parent.

BENEFITS FOR YOUR CHILD

Every child has the right to know his or her mother/parent and father/parent 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 the medical history 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 reach us at (504) 593-5100.

Mother/Parent's Initials _____

Father/Parent's Initials _____