LOUISIANA DEPARTMENT OF HEALTH
Office of Public Health

Acknowledgment of Paternity - Child Born of Marriage Checklist

If the mother of a child born in Louisiana is married or was married within 300 days of the birth of her child, Louisiana law requires that the husband/ex-husband/spouse/ex-spouse be named as the father/parent of the child on the birth certificate.

If the biological father/parent of the child is someone other than the husband/ex-husband/spouse/ex-spouse of the mother/parent, all three parties (mother, husband/ex-husband/spouse/ex-spouse and biological father/parent of the child) may agree to execute an Acknowledgment of Paternity affidavit.

This affidavit must accompany a certified report of blood or tissue sampling which indicates by a 99.9% threshold probability that the biological father/parent is the father/parent of the child.

If this report 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 you with the affidavit to register the birth with the biological father/parent listed as the father/parent of the child without charge.

If you are unable to provide the hospital with this report within **15** days of the child's birth, the record will be registered with the husband/ex-husband/spouse/ex-spouse listed as the father. However, you may file the affidavit with Louisiana's Center for Vital Records and Health Statistics at any point until the child's **10th** birthday. You must include the following:

- ☐ **Complete notarized Acknowledgment of Paternity Affidavit (AOP)** (completed by mother, husband/ex-husband/spouse/ex-spouse and biological father)
  - Photocopies and AOP Affidavits with any alterations, (changes, scratch-outs, white-outs and corrections) will be rejected
  - 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 a field blank. Indicate N/A if not applicable.
  - All (3) parties' must initial 2nd page of AOP

- ☐ **All existing certified copies of the child's birth certificate, OR a $15 search fee if you cannot provide a copy**

- ☐ **Notary-certified report confirming biological paternity**

- ☐ **Copy of all (3) parties' valid, current photo identification (driver's license, state ID, passport)**

- ☐ **Amendment processing fee of $27.50** (*fee includes: one newly amended birth certificate and state mail charge)*
  - Fees are non-refundable
  - Fee must be in the form of a check or money order **DO NOT MAIL CASH**

- ☐ Original birth certificate or a $15.00 birth search fee

- ☐ Optional: Include an additional $10.00 to receive a certified copy of the signed AOP mailed

  - Include **Case Number** if an amendment process is in progress

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.

Mail documents and fees to: Louisiana Vital Records Registry
Attn: Amendments Department
P.O. Box 60630
New Orleans, LA 70160

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.

This is a legal document. Complete in black ink and do not alter.

SECTION I. CHILD'S INFORMATION

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 as parents would like it to appear on birth certificate (First, Middle, Last)		

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, conception or anytime in between Circle One: Yes No	If Yes, Name and Address of Husband (or Ex-husband if marriage ended within 300 days of birth)	
Does Mother/Parent Have Health 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/Spouse'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.	

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 their name appear on the Certificate of Birth of my child. I further acknowledge that I have received written notice of the legal rights and consequences resulting from acknowledging the paternity of my child and I understand this notice.

MOTHER/PARENT'S SIGNATURE _____ DATE _____

WITNESS _____ WITNESS _____

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

Signature then PRINT name of Notary

Signed and Affirmed before me on the _____ day of _____, _____.

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 have taken a DNA-based paternity test that demonstrates with at least 99.9% probability that I am the biological father/parent of this child. I am signing this affidavit voluntarily and of my own free will. I further acknowledge that I have received written notice of the legal rights and consequences resulting from acknowledging the paternity of my child and I understand this notice.

FATHER/PARENT'S SIGNATURE _____ DATE _____

WITNESS _____ WITNESS _____

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

Signature then PRINT name of Notary

Signed and Affirmed before me on the _____ day of _____, _____.

State Notary Registration Number _____ My Commission expires on _____

HUSBAND/EX-HUSBAND/SPOUSE/EX-SPOUSE OF THE MOTHER/PARENT: I certify that I was married to the mother of this child at the time of conception or birth; however, I am not the biological father. I acknowledge that I have received, read, and understand written notice of the legal rights, responsibilities, and consequences resulting from my signing this affidavit voluntarily acknowledging the paternity of the child.

HUSBAND'S/EX-HUSBAND/SPOUSE/EX-SPOUSE'S SIGNATURE _____ DATE _____

WITNESS _____ WITNESS _____

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

Signature then PRINT name of Notary

Signed and Affirmed before me on the _____ day of _____, _____.

State Notary Registration Number _____ My Commission expires on _____

DISTRIBUTION OF COPIES: Original to Registrar of Vital Records, Copies to Child Support, Mother, Father / Husband/Ex-husband/Spouse/-Ex-Spouse.

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.** This is a sworn statement, under oath, and has legal consequences for the child and the parents.

This Acknowledgment of Paternity Affidavit is used to add the biological father/parent to a child's birth certificate if the mother/parent was married to someone other than the biological father/parent at the time of the child's birth or if she had not been divorced at least 300 days prior to the child's birth.

This acknowledgment must be properly completed, signed, **and accompanied by certified results from a DNA-based paternity test that demonstrates paternity with at least 99.9% probability.** Once complete, the biological father/ parent's (husband/ex-husband/spouse/ex-spouse) name is entered on the birth certificate in place of the presumed father/parent of the child under the law. This acknowledgment has the same effect as a court order of paternity for the purpose of child support, custody or visitation, but not for other legal purposes.

If the agreement of any party cannot be obtained or if the parties cannot meet the statutory requirements, a court order establishing paternity in accordance with R.S. 40:46.1 must be obtained for the biological father/parent's name to be added to the birth certificate.

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 can be executed only with judicial authorization.

POTENTIAL LEGAL EFFECTS FOR ALL PARTIES

For the CHILD: Rather than have legal rights from both the Father and the Husband/Ex-husband, signing this form may impact your child's legal rights against the Husband/Ex-husband/Spouse in favor of the Father/Parent in many different areas, including the following:

- Child support
- Custody and visitation
- Inheritance rights
- Legal rights of action in personal injury claims

For the MOTHER/PARENT: Signing this form may impact the mother in many different areas, including the following:

- Child and Spousal support
- Custody and visitation
- Grounds for divorce
- Administration of the child's estate

For the FATHER/PARENT: Signing this form may impact the father in many different areas, including the following:

- Child support obligation
- Custody and visitation
- Inheritance rights
- Legal rights of action in personal injury claims

For the HUSBAND/EX-HUSBAND/SPOUSE/EX-SPOUSE: Signing this form may relieve the husband/ex-husband of legal obligations, or relinquish his legal rights, in many different areas, including the following:

- Child support
- Custody and visitation
- Inheritance rights
- Legal rights of action in personal injury claims

All three parties must initial below to indicate you have read and understood this notice of alternatives, rights and responsibilities. If you require further assistance, you may call us at (504) 593-5100.

Mother/Parent's Initials _____ Father/Parent's Initials _____ Husband/Ex-Husband/Spouse/Ex-Spouse's Initials _____