

## **AFFIDAVIT OF PARENTAGE**

## Michigan Department of Health and Human Services

State File Number	
AOP Number	

		Div	Division for Vital Records and Health Statistics						
We affirm under nen	alty of perjury that	we are the n	AOP Number e the natural parents of:					•	
we ammi under pen	alty of perjury trial	. we are the fi	aturai parents or.	1				1	
	First		Middle			Last		Suffix	
who was born in					0	n			
wild was boilt iii		Hos	pital Name, City, County, Sta	te	0		Date of Birth		
			ity for this child. We hereby o	consent that the nan	ne of the natu	ral father may be	included on th	e certificate	
of birth for the child.	vve wish the child	s name to be	recorded as:					1	
	First		Middle			Last		Suffix	
In signing this form		<b>5</b> +-	Middle			2401		Camz	
by the court or a the court. This g the rights of eithe or parenting time (d) Either parent ma (e) Both parents hav the child. (f) Both parents hav a court or admin	e affidavit is volun initial custody of the either parent's cu greed upon by the rant of initial custo er parent in a proces.  y assert a claim in ye a right to notice we the responsibilitistrative order for the eaffidavit is trative order for the responsibilities.	tary. ne child, without stodial rights, a parties in wridy to the mot eeding to see court for pare and a hearin ty to support the child's sup	until otherwise determined ting and acknowledged by her shall not, by itself, affect is a court order for custody inting time or custody.  g regarding the adoption of the child and to comply with oport.	(i) The right biological (ii) Any right Attorney, man is the (iii) The right the child. (h) In order to reclaim as prov Compiled Lav	to blood or go I father of the to a court-app to represent e e biological far to a trial to do voke the Affid ided under the w [MCL] 722.1	pointed attorney, in a counter of the child. etermine if the malavit of Parentage, e Revocation of P1437).	ermine if the micluding the Prount action to de n is the biologican individual laternity Act (M	osecuting termine if the cal father of must file a lichigan	
not an issue of that			I when this child was born or ourt of law.	conceived; or that t	his child, thou	igh born or conce	ived during a n	narriage, is	
FATHER'S INFO	ORMATION			MOTHER'S II	NFORMAT	ION			
First Name				First Name					
Middle Name				Middle Name					
Middle Name				Wildule Name					
Last Name				Last Name					
Date of Birth: (MM/DD/YYYY)	Place of Birth Country)	n: (State or	Social Security Number	Date of Birth: (MM/DD/YYYY)	Place	e of Birth: (State ontry)	r Social Se	curity Number	
Current Address (Str	reet, Apt. No., City	, State, Zip)		Current Address	(Street, Apt. N	No., City, State, Zi	p)		
To the best of my knowledge, the above information is true:				To the best of my knowledge, the above information is true:					
Father's Signature			Date	Mother's Signatur	re		Date		
NOTARY SECT			Occuptor Milatriana	Natara Bakila ta	1 (		0	6 . B 4' - la '	
Notary Public in and	-		County, Michigan	Notary Public in a			Coun	ty, Michigan	
Acting in the county	of			Acting in the cour	nty of				
Signature		Printed Nam	e	Signature		Printed N	Name		
Signature and sworr	to before me this	da	ay of 20	Signature and sw	orn to before	me this	day of	20	
Commission expirati				Commission expi					
		1	ity Use Only (if not notari				lome of Miss.	20	
Signature of Father's		Printed Nam	e of Witness	Signature of Moth		Printed N	Name of Witne	SS	
Witness Place of Em	nployment			Witness Place of	Employment				
Witness Work Addre	ess (Street, City, S	tate, Zip)		Witness Work Ad	ldress (Street,	, City, State, Zip)			

## AFFIDAVIT OF PARENTAGE INSTRUCTIONS

This form can be used to establish the parentage of a child and may be used to have information on the father of a child added to the certificate of birth for the child. This affidavit may be completed at the time of the child's birth or at any other time after the birth. Completion of this affidavit is voluntary. It indicates the parents wish to acknowledge parentage of a child.

It is intended for use by couples who were not married at the time the child was conceived nor at the time of birth. In instances where the mother was married to someone other than the father when the child was conceived or delivered, a court ruling of her husband's non-paternity is necessary in order to first establish that the child is not the husband's child.

Proper completion of the form is very important. Forms that are not properly completed will not be accepted for filing. The form must be legible and must be typed or printed in ink. The affidavit must be signed by the mother and father in the presence of a Notary Public or a qualified witness. A qualified witness is an employee of one of the following: a hospital, publicly funded or licensed health clinic, pediatric office, Friend of the Court, Prosecuting Attorney, court, Michigan Department of Health and Human Services, county health agency, county records department, Head Start program, local social services provider, county jail, or state prison. The form may be signed and witnessed or notarized by both parents at different times. At a minimum, the following items must be provided: the full names of the child, the mother and the father; the date and place of the child's birth; the address of each parent; and the birth place of each parent.

The same qualified witness and/or notary may serve as both the mother's qualified witness/notary and the father's qualified witness/notary, but (s)he must fill out the information in both the mother's and father's sections of the form. A qualified witness/notary must verify the identity of the mother and father before the qualified witness/notary signs the form by checking the mother's and father's identification. Examples of identification include a driver's license, passport, state-issued identification, etc.

There is no fee for filing the affidavit with the Central Paternity Registry. Once filed, copies of the affidavit can be obtained by either parent, by the child, or by a guardian or legal representative of a parent or the child. Certified copies of the affidavit are available from the Central Paternity Registry for \$34.00 (additional copies are \$16.00 each) and can be requested at the time of filing.

Adding a Father to the Birth Certificate -

Establishing Paternity at the Hospital – If this affidavit is completed at the time of birth and provided to hospital staff before the birth certificate is prepared and filed, the birth certificate will be completed to include the father with no need for a separate application or fee. When completed at the time of birth and used as the basis for recording the father on the original certificate of birth, hospital staff must forward the original affidavit, along with the original birth certificate, to the local registrar. The local registrar will forward the affidavit to the Central Paternity Registry for final filing.

Establishing Paternity After Leaving the Hospital – Birth certificates are not automatically changed when an affidavit is filed. Changes to registered birth records can be requested based upon a properly completed affidavit and an Application to Add a Father on a Michigan Birth Record (form DCH-0848). If the affidavit is going to be used to add the father's name to a Michigan birth record, the affidavit **must not be mailed to the Central Paternity Registry.** It must be mailed along with the correct application to the address listed on the application. A birth record can be changed to reflect the father listed on the affidavit if no other man is recorded on the record as the child's father. Should a conflict exist, a court determination of paternity may become necessary.

There is a fee for each birth record change, as is noted in the payment section of the correction application. An application to correct a birth certificate is available from the Office of the County Clerk, the State Vital Records office recorded message 517-335-8656, or can be downloaded from the Michigan Department of Health and Human Services website at: www.michigan.gov/documents/add\_dad\_6589\_7.pdf.

To file the affidavit and request a copy and/or to change the birth record, mail the completed affidavit, the required fee and, for a birth record change, a completed Application to Add a Father on a Michigan Birth Record (form DCH-0848) to:

Vital Records Changes PO Box 30721 Lansing, MI 48909

To simply file the affidavit to establish paternity and not request a copy or a change to the birth record, mail to:

Central Paternity Registry Division for Vital Records and Health Statistics Michigan Department of Health and Human Services PO Box 30691 Lansing, MI 48909

(Completion of this form is voluntary)

Alteration of this form or the making of false statements with the affidavit for the purposes of deception is a crime. [MCL 333.2894]

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