



West Virginia Department of Health and Human Resources
Voluntary Denial of Paternity / Affidavit of Nonpaternity

CHILD'S INFORMATION

Child's Name: _____
First Name(s) Middle Name(s) Last Name(s) (Jr., II, etc.)

Sex: _____ Date of Birth* : _____ Place of Birth: _____ State: _____
City or County

**NOTE: To be processed, a Voluntary Denial of Paternity AND a Declaration of Paternity Affidavit must be SUBMITTED within ONE YEAR of the date of birth.*

MOTHER'S INFORMATION

Mother's Name: _____
First Name Middle Name Last Name

Mailing Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ State of Birth: _____ Phone Number: _____ SSN: _____

Date of Marriage to (Ex) Husband Named Below: _____ Date of Divorce (mark NA if still married) : _____

In accordance with the provisions of WV State Code §16-5-10(f), I freely sign this Voluntary Denial of Paternity. I understand this Voluntary Denial of Paternity is a legal denial of paternity for the child named above. My husband at the time of conception or birth, or at any time between, as named and attested below, is NOT the biological father of the child named above born to me and no legal judgment that establishes him as the legal father exists or is anticipated, including an order for child support. I understand this Voluntary Denial of Paternity may only be executed by the Vital Registration Office when the man named below: (1) is not already named as the father on my child's filed birth certificate AND, (2) a Declaration of Paternity Affidavit is submitted which acknowledges the true paternity of my child. I understand that paternity established by use of a Voluntary Denial of Paternity and a Declaration of Paternity Affidavit may only be rescinded (voided) by order of a court of competent jurisdiction upon showing of fraud, duress, or material mistake of fact.

NOTARY: Subscribed and sworn before me:

Signature of Mother

Date

Name of Notary (print): _____

Address: _____

Signature: _____

My Commission Expires: _____

Stamp or Seal

HUSBAND'S OR EX-HUSBAND'S INFORMATION

(Ex) Husband's Name: _____
First Name Middle Name Last Name (Jr., II, etc.)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ State of Birth: _____ Phone Number: _____ SSN: _____

In accordance with the provisions of WV State Code §16-5-10(f), I freely sign this Voluntary Denial of Paternity. I understand this Voluntary Denial of Paternity is a legal denial of paternity for the child named above. Although I was married to the mother of the child at the time of conception or birth, or at some time between, I am NOT the biological father of the child named above and no legal judgment that establishes me as the legal father exists or is anticipated, including an order for child support. I understand this Voluntary Denial of Paternity may only be executed by the Vital Registration Office when: (1) I am not already named as the father on the child's filed birth certificate AND, (2) a Declaration of Paternity Affidavit is submitted which acknowledges the true paternity of the child. I understand that paternity established by use of a Voluntary Denial of Paternity and a Declaration of Paternity Affidavit may only be rescinded (voided) by order of a court of competent jurisdiction upon showing of fraud, duress, or material mistake of fact.

NOTARY: Subscribed and sworn before me:

Signature of Husband or Ex-husband

Date

Name of Notary (print): _____

Address: _____

Signature: _____

My Commission Expires: _____

Stamp or Seal

Birth Cert # :

PAF # :

Filed(Date):

Clerk: