

Adding Dad to the Birth Certificate AFTER A Birth Certificate Has Already Been Prepared For UNMARRIED Parents

DECLARATION OF PATERNITY

DISTRIBUTION: ORIGINAL - CS99
COPY 1 - 8 - Parents
COPY 2 - Family Support

SECTION I - READ OTHER SIDE BEFORE SIGNING

I declare under the penalty of perjury under the laws of the State of California that I am the natural father of the child named on the declaration and that the information provided is true and correct. I have read and understood the rights and responsibilities attached to the status of this child, I understand that by signing this form I am establishing the same rights and responsibilities of the biological father under the laws of California. I consent to the establishment of paternity by signing this form.

I have been fully informed of my rights and responsibilities.

SECTION II - TO BE COMPLETED BY WITNESS AT THE HOSPITAL, AGENCY OR CLINIC (PLEASE PRINT)

NAME OF HOSPITAL, AGENCY OR CLINIC: _____ DATE: _____

NAME OF HEALTH CARE PROVIDER: _____

SECTION III - TO BE COMPLETED BY NOTARY PUBLIC IF NOT WITNESSED ABOVE

State of _____
County of _____, to-wit: me, _____ personally appeared _____
personally known to me (or attested to me by the SIGNATURES AND SEALS OF THE OFFICIALS AND NOTARIES) whose names and addresses are indicated on this certificate and who have executed the same in accordance with the laws of the State of California, and I certify that the said _____ is the father of the child named on the above certificate.

CS 909

Step 1 ESTABLISH PATERNITY

Complete a *Declaration of Paternity (CS 909)* in front of a qualified witness (from a local child support agency, family law facilitator or local Registrar of Births & Deaths office) or a notary public. Mail completed original CS909 white copy, to:

Department of Child Support Services
ATTN: POP Unit
P.O. Box 419070
Rancho Cordova, CA 95741-9070

Note: Copy of the CS 909 is needed in Step 2

and

Step 2 AMEND BIRTH RECORD

Complete and mail:

-Original *Application to Amend a Birth Record-Acknowledgement of Paternity (VS 22)*

-Copy of *Declaration of Paternity (CS 909)*

-Original **notarized** sworn statement stating you are an authorized person to receive a certified copy.

Note: A Sworn Statement form is on page 3 of the Application for Certified Copy of Birth Record (VS 111)

-\$20.00 fee (includes a certified copy of the new birth record) to:

California Department of Health Services
Office of Vital Records MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410

APPLICATION TO AMEND A BIRTH RECORD—ACKNOWLEDGEMENT OF PATERNITY

When a birth record is amended due to an acknowledgment of paternity, the original record is voided and a new birth record is prepared. A fee is required for the preparation of an amended birth record. This fee includes one certified copy of the newly prepared birth record. There is a fee for each additional certified copy.

Included in the fee of \$_____ for preparation of a new birth record and one certified copy.
Included in the fee of \$_____ for an additional certified copy(s) of the newly prepared birth record.

ACKNOWLEDGEMENT OF PATERNITY

PART I - INFORMATION TO LOCATE RECORD—TYPE OF PRINT IN BLOCK, NOT ONLY

1. NAME OF CHILD FIRST LAST MIDDLE
2. DATE OF BIRTH FIRST LAST YEAR
3. PLACE OF BIRTH FIRST LAST CITY STATE ZIP

PART II - INFORMATION AS IT IS TO APPEAR ON NEW RECORD—NO ENTRIES, WRITED OUT OR ALTERATIONS

4. NAME OF FATHER FIRST LAST MIDDLE
5. NAME OF MOTHER FIRST LAST MIDDLE
6. NAME OF FATHER FIRST LAST MIDDLE
7. DATE OF BIRTH FIRST LAST YEAR
8. NAME OF MOTHER FIRST LAST MIDDLE
9. DATE OF BIRTH FIRST LAST YEAR

PART III - AFFIDAVIT AND SIGNATURES OF THE NATURAL PARENTS

I CERTIFY UNDER PENALTY OF PERJURY THAT I AM THE NATURAL FATHER OF THE CHILD NAMED ABOVE.

1. ADDRESS—STREET AND NUMBER
2. CITY
3. STATE
4. ZIP CODE

I CERTIFY UNDER PENALTY OF PERJURY THAT I AM THE NATURAL MOTHER OF THE CHILD NAMED ABOVE.

5. ADDRESS—STREET AND NUMBER
6. CITY
7. STATE
8. ZIP CODE

VS 22

For more information about establishing paternity, contact:

The Department of Child Support Services, Paternity Opportunity Program
Toll Free (866) 249-0773 www.childsup.ca.gov

For more information about birth certificates, contact:

The Department of Health Services, Office of Vital Records
(916) 445-2684 www.dhs.ca.gov

