



STATE OF CONNECTICUT-DEPARTMENT OF PUBLIC HEALTH
 VITAL RECORDS SECTION - PATERNITY REGISTRY
ACKNOWLEDGMENT OF PATERNITY

INTRODUCTION

Children need and benefit from the active involvement of both parents in their daily lives. By acknowledging paternity via this form, unmarried fathers take the first step toward establishing important legal rights and benefits for their children.

Establishing paternity means legally determining the father of a child. Connecticut law provides that in order for a father's name to appear on a birth certificate, paternity must be established. If the parents are not married to each other, the mother and biological father must sign the *Acknowledgment of Paternity* to establish paternity.

Completion of this *Acknowledgment of Paternity* at the time of birth or at any time after birth is voluntary, and indicates that the parents wish to acknowledge paternity and have the acknowledged father recorded on the birth certificate.

The *Acknowledgment of Paternity* may be completed by unmarried parents prior to the preparation and filing of the child's birth certificate. Persons responsible for the preparation and filing of birth records are required to accept the *Acknowledgment of Paternity* up to 10 days from discharge as a basis for including information about the father on the birth certificate.

If paternity is established after a birth certificate has been created, this form must be submitted to the Paternity Registry at the Department of Public Health (please reference instructions at bottom of this page). A fee of \$25.00 is required to amend the birth certificate. The check or money order should be made payable to the Treasurer, State of Connecticut, and forwarded along with the **original (white) copy** to the Paternity Registry at the address listed below.

NOTE: Once paternity has been established through completion of the *Acknowledgment of Paternity*, the birth certificate will be amended to include the father's information and any resulting changes to the child's name identified on the *Acknowledgment of Paternity*.

INSTRUCTIONS

Before completing the *Acknowledgment of Paternity*, please read these instructions and the NOTICE OF RIGHTS AND RESPONSIBILITIES on the back of the *Acknowledgment of Paternity*.

ALL FIELDS ON THE FORM MUST BE COMPLETED. IF THE INFORMATION ASKED FOR DOES NOT APPLY TO YOU, ENTER "N/A".

1. If you have any questions, you should talk with an attorney. Information concerning state child support services can be obtained from any local office of the Connecticut Department of Social Services (DSS), Bureau of Child Support Enforcement. The address of the local DSS office nearest you can be found in the blue pages of a local telephone book.
2. **Print** all information requested except for your signature. **Use a black ball point pen** and press hard enough to make the copies.
3. **Fill in all spaces.** List your health insurance company, even if it will not cover the hospital bill for the child's birth. If you do not have health insurance, put "none" in that space.
4. If you are completing the *Acknowledgment of Paternity* away from the hospital, remember to sign it in front of an authorized official. You may do this in another state. Leave all pages together until both parents have signed.
5. Both parents must sign their legal names on this form **in front of a notary public**, or other officer, as noted on the form. Show the notary or other officer a photo identification of yourself, such as your driver's license, motor vehicle identification card, or school identification card. If you are completing this form at the hospital or birthing center when your child is born, tell the staff when you are ready to sign it. They will assist you with obtaining the services of a notary public.
6. Next to your signature, put the date you actually signed the form. It does not have to be the same date the other parent signed.

After this form has been completed, signed, and sworn to by both parents, each parent should keep the copy designated at the bottom of the form. The completed **original (white) copy** must be sent to the address listed below. If this form is being completed at a hospital or a local DSS office, the hospital or DSS office will forward it to DPH. If you are completing the form on your own or with the assistance of an attorney, you or the attorney must send the **original (white) copy**, along with the \$25.00 fee, to the Department of Public Health.

Connecticut Department of Public Health
 Vital Records Section - Paternity Registry
 410 Capitol Avenue- MS#11VRS
 P. O. Box 340308
 Hartford, CT 06134-0308
 Telephone: (860) 509-7958

ACKNOWLEDGMENT OF PATERNITY

Check One: At Birth Post Birth

CHILD			
CHILD'S NAME (As it currently appears) (First)		(Middle)	(Last)
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	SOCIAL SECURITY NO. (If Available)	IS THE CHILD'S NAME TO BE CHANGED? <input type="checkbox"/> NO <input type="checkbox"/> YES *if yes, complete line item below
CHILD'S NAME (As it will appear on new birth certificate) (First)		(Middle)	(Last)
PLACE OF BIRTH	CITY	STATE	
MOTHER			
MOTHER'S NAME (First)		(Middle)	(Last)
MAIDEN NAME (If applicable)	DATE OF BIRTH	PLACE OF BIRTH (CITY and STATE OR FOREIGN COUNTRY)	SOCIAL SECURITY NO.
RESIDENCE (No. and Street)	(Town)	(State or Foreign Country)	(Zip Code)
RACE <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other (Specify) _____	IS MOTHER OF HISPANIC ORIGIN? <input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, specify: <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Mexican <input type="checkbox"/> Other (Specify) _____	
DO YOU HAVE MEDICAL INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL INSURANCE COMPANY NAME	POLICY NUMBER	
FATHER			
FATHER'S NAME (First)		(Middle)	(Last)
DATE OF BIRTH	PLACE OF BIRTH (CITY and STATE OR FOREIGN COUNTRY)	SOCIAL SECURITY NO.	
RESIDENCE (No. and Street)	(Town)	(State or Foreign Country)	(Zip Code)
RACE <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other (Specify) _____	IS FATHER OF HISPANIC ORIGIN? <input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, specify: <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Mexican <input type="checkbox"/> Other (Specify) _____	
EDUCATION LEVEL: (Circle highest level COMPLETED) 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 5+			
EMPLOYER	EMPLOYER'S ADDRESS (include City and State)		
OCCUPATION	BUSINESS/INDUSTRY		
DO YOU HAVE MEDICAL INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL INSURANCE COMPANY NAME	POLICY NUMBER	
MOTHER'S AFFIRMATION		FATHER'S ACKNOWLEDGMENT	
I freely and voluntarily consent to this Acknowledgment of Paternity. The man named above is the biological father of this child. I have read or have had read to me, and have had explained to me, the rights and responsibilities on the back of this form, and I understand the contents. I have had the opportunity to ask questions before I signed this form. A copy of this statement has been given to me. I attest that the above information that I have provided is true and correct to the best of my knowledge.		I freely and voluntarily acknowledge that I am the biological father of the child named above, I accept the obligation to support this child. I understand that an order for child support may be entered. I waive my rights to a trial, a lawyer to represent me and a genetic test to determine paternity. I have read or have had read to me, and have had explained to me, the rights and responsibilities on the back of this form, and I understand the contents. I have had the opportunity to ask questions before I signed this form. A copy of this statement has been given to me. I attest that the above information that I have provided is true and correct to the best of my knowledge.	
Mother's Signature (use current last name)	Date	Father's Signature	Date
State of _____, County of _____		State of _____, County of _____	
Town of _____		Town of _____	
Sworn and subscribed before me on this _____ Day of _____,		Sworn and subscribed before me on this _____ Day of _____,	
Commissioner of the Superior Court/Investigator/Other Officer		Commissioner of the Superior Court/Investigator/Other Officer	
Notary Public My Commission expires on _____		Notary Public My Commission expires on _____	
PLACE COMPLETED	Place where acknowledgment was completed, for example, hospital name, Dept. of Social Services (DSS), Regional Office (specify location), or Dept. of Public Health (DPH)	PLACE COMPLETED	Place where acknowledgment was completed, for example, hospital name, Dept. of Social Services (DSS), Regional Office (specify location), or Dept. of Public Health (DPH)