



**NORTH DAKOTA ACKNOWLEDGMENT OF PATERNITY**  
 NORTH DAKOTA DEPARTMENT OF HEALTH  
 DIVISION OF VITAL RECORDS  
 SFN 8195 (Rev. 08-2005)

**I. PARENT'S INFORMATION**

A. MOTHER'S INFORMATION		B. FATHER'S INFORMATION	
Name (first, middle, last, maiden)		Name (first, middle, last)	
Address (street address, city, state, zip)		Address (street address, city, state, zip)	
Social Security Number		Social Security Number	
Date of Birth (mm/dd/yyyy)		Date of Birth (mm/dd/yyyy)	City/County/State of Birth
Place Where Acknowledgment Completed (city/county/state)		Place Where Acknowledgment Completed (city/county/state)	
C. CHILD'S INFORMATION		Occupation	
Name as you want it on the birth certificate (first, middle, last)		Employer Name	
Date of Birth (mm/dd/yyyy) City/County/State of Birth		Employer Address (street address, city, state, zip)	
Hospital of Birth		Does father have health insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes – Name of Insurance Company: Policy Number:	

**II. PARENT'S STATEMENT**

A. MOTHER'S STATEMENT		B. FATHER'S STATEMENT	
<ul style="list-style-type: none"> <li>I have read and I understand the Paternity Acknowledgment Information.</li> <li>I have been provided with an oral description of the rights, responsibilities, and legal consequences of acknowledging paternity and have been given the opportunity to ask questions before I sign this form.</li> <li>There has been no genetic testing or, if there was genetic testing, the results show that the man named above is the biological father.</li> <li>No one else has been legally established as the father through another Acknowledgment or a court order.</li> <li>I understand that if I was married to someone else when this child was born or within 300 days before this child's birth, or if someone else lived with the child and held out the child as his own for the first two years of the child's life, that man must sign (section III) his denial of paternity for this Acknowledgment to be valid.</li> <li>I understand that this is a legally binding document. It has the same effect as a court order deciding the father and child relationship.</li> <li>I understand that I am signing this form under penalties of perjury and that I must sign it in the presence of a witness.</li> </ul>		<ul style="list-style-type: none"> <li>I have read and I understand the Paternity Acknowledgment Information.</li> <li>I have been provided with an oral description of the rights, responsibilities, and legal consequences of acknowledging paternity and have been given the opportunity to ask questions before I sign this form.</li> <li>I voluntarily accept the obligation to support this child.</li> <li>I understand that this is a legally binding document. It has the same effect as a court order determining that I am the father of the child.</li> <li>I understand that I do not automatically have custody or visitation rights by signing this form. I must go to court for those issues to be decided.</li> <li>I understand that I am signing this form under penalties of perjury and that I must sign it in the presence of a witness.</li> </ul>	
Mother's Signature	Date	Father's Signature	Date
Witness Signature	Date	Witness Signature	Date
Witness Name Printed		Witness Name Printed	

**III. DENIAL OF PATERNITY**

I \_\_\_\_\_ am the husband/ex-husband of \_\_\_\_\_ or I lived with the child and held out the child as my own for at least the first two years of the child's life. I am not the biological father of \_\_\_\_\_.

I agree to this Acknowledgment of Paternity and I am signing this form in the presence of a witness and under penalties of perjury.

Husband's/Other Man's Signature	Date
Witness Signature	Witness Name Printed Date

**DISTRIBUTION:** Original – Vital Records, State Capitol, 600 E Boulevard Ave., Dept 301, Bismarck, ND 58505-0200  
 Canary – Father      Pink – Mother