OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Adult Child's (18 Years or Older) Consent

Please read these instructions and the entire form before you sign it.

This is a legal document. **Type or print in ink by pressing hard.** No cross outs, correction fluid, or alterations allowed.

This form is required when parents of an adult child, age 18 years or older, complete Form 03PA209E, Acknowledgment of Paternity. Completion of this form by the adult child gives consent to add the natural father's name, listed on Form 03PA209E, to the birth certificate.

This form must be signed by the adult child listed on the birth certificate in the presence of a witness. The witness may not be the parent of the adult child. The witness may not be related to you.

After this form has been completed, signed, and witnessed, give the green copy to the adult child, the pink copy to the mother and the gold copy to the father. Do not separate the other pages of the Adult Child's Consent. **Mail the white and yellow copies to:**

Oklahoma State Department of Health
Division of Vital Records
P. O. Box 53551
Oklahoma City, OK 73152

Section I. Adult child's information as it now appears on birth certificate

Child's first name	Middle	Last	Sex, check one Male ☐ Female ☐
Date of birth (mo/day/yr)	City of birth	County	State

Section II. Parent's information as it appears on the Acknowledgment of Paternity

Mother's first name	Middle	Last	Maiden name
Father's first name	Middle	Last	Suffix

Section III. Adult child's information

Current legal first name	Middle	Last	
Area code	Daytime phone number		
Present street address	City	State	Zip

Section IV. Adult child's signature

By signing below, I declare under penalty of perjury that I have read and understand this Adult Child's (18 Years or Older) Consent. I declare the information in this Consent is true.

I declare that I am age 18 or older and no father is named on my birth certificate. I consent to my natural father, _____, who is named on Form 03PA209E, Acknowledgment of Paternity, to be added to my birth certificate.

_____	_____
Signature of adult child	Date and place
_____	_____
Signature of witness	Printed name of witness

Distribution of copies: white to OSDH Division of Vital Records, yellow to OKDHS Oklahoma Child Support Services (OCSS), pink to Mother, gold to Father, green to Adult Child.