

The logo consists of the letters 'VPA' in a large, bold, white sans-serif font. A white pen is positioned diagonally across the letter 'A', with its tip touching the bottom of the letter and a small horizontal line drawn on the surface below it.

VPA

Voluntary Paternity Affidavit

Agenda

About the VPA Program

Establishing Paternity

Answers to common questions

Information and Resources

Contacts

About the Program



Health and
Human Services



Voluntary Paternity Affidavit

Statewide Outreach

- Parents
- Birthing Hospitals
- Prenatal Providers and Programs
- Community Service Providers
- Programs for Teens and Young Adults



BIOLOGICAL FATHER

VS



The person who contributed half of baby's genetics



Can add baby to dad's insurance policy



Has access to baby's medical and school records



Can make potentially lifesaving medical decisions for baby



Baby may be eligible for dad's veteran's or social security benefits



Eligible to seek custody/visitation

Establishing Paternity



IOWA DEPARTMENT OF PUBLIC HEALTH
VOLUNTARY PATERNITY AFFIDAVIT

PLEASE READ THE OTHER SIDE OF THIS FORM BEFORE COMPLETING THE FOLLOWING INFORMATION. PLEASE ANSWER ALL ITEMS.

For State Vital Records Office Use Only
District # _____
Certificate # _____
Filing Date # _____
Date Completed _____

CHILD INFORMATION AS SHOWN ON BIRTH CERTIFICATE: Was child one of a multiple birth (twins, triplets, etc.)? Yes ☐ No ☐

CHILD
Child's Name: First Middle (Please check box if) Last (Surname) Suffix (Jr., II, III, IV)
Sex ☐ Female ☐ Male Birth Date (Month, Day, Year) City, County and State of Birth Name of Hospital or Address of Home Birth
CHILD'S LAST NAME (Surname) AFTER PATERNITY—Do not leave blank. You may keep it the same as on the birth certificate, change it to the father's, or add the father's last name to it.

FATHER
Father's Name: First Middle (Please check box if) Last (Surname) Suffix (Jr., II, III, IV)
State or Foreign Country of Birth Birth Date (Month, Day, Year) Social Security Number (Please check box if)
Hispanic Origin (Write "None" or Spanish) Race Education (Highest Grade Completed) Daytime Phone (Write Area Code)
Address (Street Address AND P.O. Box) (City, Town or Location) (State and Zip Code)

MOTHER
Mother's Name: First Middle (Please check box if) Current Last Name (Surname) Last Name (Surname) Before Any Marriage
State or Foreign Country of Birth Birth Date (Month, Day, Year) Social Security Number (Please check box if) Daytime Phone (Write Area Code)
Address (Street Address AND P.O. Box) (City, Town or Location) (State and Zip Code)

NOTES
Check the one statement below that best describes the mother's marital status at the time of this child's conception, birth, or any time between.
☐ I was not legally married to anyone at the time of the child's conception, birth, and any time between.
☐ I was legally married to someone other than the father of this child. As required by law, I am, attached to this affidavit in a certified copy of the final court order signed by a judge and filed with the Clerk of District Court that states that the individual to whom I was legally married is not the father of this child.

ATTENTION: Each parent must sign and date this form in the presence of an authorized notary public. Notary completes and signs below.

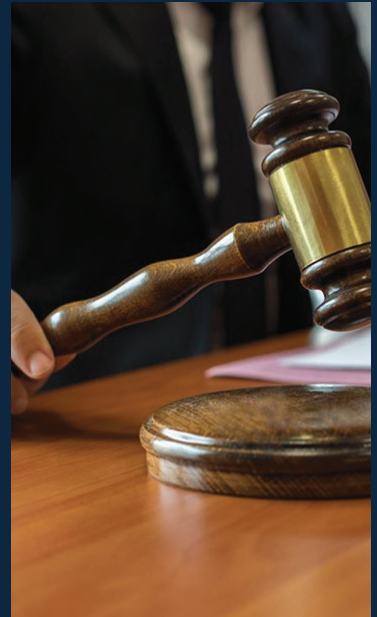
FATHER: I affirm that the information on this form is true and correct to the best of my knowledge. I understand my rights, responsibilities, obligations, and consequences, and I am signing this affidavit voluntarily. I further acknowledge that I am the biological father of the person named child and I in hereby give my permission to enter my name as the legal father on the birth certificate.

MOTHER: I affirm that the information on this form is true and correct to the best of my knowledge. I understand my rights, responsibilities, obligations, and consequences, and I am signing this affidavit voluntarily. I further acknowledge that I am the biological mother of the person named child and I in hereby consent to the creation of paternity. I in hereby give my permission to enter the above named father as the legal father on the birth certificate.

Father's Signature _____ Date Signed (Month, Day, Year) _____
State of _____ County of _____
Signed and offered in my presence by the father named above in this affidavit. _____
Notary Public's Signature _____ Date Signed (Month, Day, Year) _____
My commission expires: _____
Stamp or Seal _____

Mother's Signature _____ Date Signed (Month, Day, Year) _____
State of _____ County of _____
Signed and offered in my presence by the mother named above in this affidavit. _____
Notary Public's Signature _____ Date Signed (Month, Day, Year) _____
My commission expires: _____
Stamp or Seal _____

Iowa Department of Public Health Bureau of Health Statistics Box 1 Revised 2019 202



VPA

Free

Voluntary for both parties

Hospital at birth

Any time in child's life

Notarized

Mail to Bureau of Health Statistics (BHS)

IOWA DEPARTMENT OF PUBLIC HEALTH				For State Vital Records Office Use Only	
VOLUNTARY PATERNITY AFFIDAVIT				Docket # _____	
PLEASE READ THE OTHER SIDE OF THIS FORM BEFORE COMPLETING THE FOLLOWING INFORMATION. PLEASE ANSWER ALL ITEMS.				Certificate # _____	
				Facility Code # _____	
				Date Completed _____	
CHILD'S INFORMATION AS SHOWN ON BIRTH CERTIFICATE:				Was child one of a multiple birth (twins, triplets...etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CHILD	Child's Name First _____ Middle _____ If none, check box <input type="checkbox"/>		Last (surname) _____ Suffix (jr., Sr., II, III, IV) _____		
	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date (Month, Day, Year) _____	City, County and State of Birth _____		Name of Hospital or Address of Home Birth _____
CHILD'S LAST NAME (surname) AFTER PATERNITY—Do not leave blank. You may keep it the same as on the birth certificate, change it to the father's, or add the father's last name to it. _____					
FATHER	Father's Name First _____ Middle _____ If none, check box <input type="checkbox"/>		Last (surname) _____ Suffix (jr., Sr., II, III, IV) _____		
	State or Foreign Country of Birth _____		Birth Date (Month, Day, Year) _____	Social Security Number _____ If none, check box <input type="checkbox"/>	
	Hispanic Origin (Write "None" or Specify) _____	Race _____	Education (Highest Grade Completed) _____	Daytime Phone _____ (Include Area Code)	
	Address (Street Address AND P.O. Box) _____		(City, Town or Location) _____		(State and Zip Code) _____
MOTHER	Mother's Name First _____ Middle _____ If none, check box <input type="checkbox"/>		Current Last Name (surname) _____ Last Name (surname) Before Any Marriage _____		
	State or Foreign Country of Birth _____		Birth Date (Month, Day, Year) _____	Social Security Number _____ If none, check box <input type="checkbox"/>	Daytime Phone _____ (Include Area Code)
	Address (Street Address AND P.O. Box) _____		(City, Town or Location) _____		(State and Zip Code) _____
	Check the one statement below that best describes the mother's marital status at the time of this child's conception, birth, or any time between. <input type="checkbox"/> I was not legally married to anyone at the time of the child's conception, birth, and any time between. <input type="checkbox"/> I was legally married to someone other than the father of this child. As required by Iowa law, attached to this affidavit is a certified copy of the final court order signed by a judge and filed with the Clerk of District court that rules that the individual to whom I was legally married is not the father of this child.				
AFFIRMATION: Each parent must sign and date this form in the presence of an authorized notary public. Notary completes and signs below.					
FATHER: I affirm that this information is true and correct to the best of my knowledge, that I have read and understand my rights, responsibilities, alternatives, and consequences, and that I am signing this paternity affidavit voluntarily. I further acknowledge that I am the biological father of the above named child and I do hereby give my permission to enter my name as the legal father on the birth certificate.			MOTHER: I affirm that this information is true and correct to the best of my knowledge, that I have read and understand my rights, responsibilities, alternatives, and consequences, and that I am signing this paternity affidavit voluntarily. I am the birth mother of the above named child and I do hereby consent to the assertion of paternity in this affidavit and give my permission to enter the above named father as the legal father on the birth certificate.		
Father's Signature _____		Date Signed (Month, Day, Year) _____		Mother's Signature _____	
State of _____ County of _____, ss.				State of _____ County of _____, ss.	
Signed and affirmed in my presence by the father named above in this affidavit.				Signed and affirmed in my presence by the mother named above in this affidavit.	
Notary Public's Signature _____		Date Signed (Month, Day, Year) _____		Notary Public's Signature _____	
My commission expires: _____				My commission expires: _____	
Stamp or Seal _____				Stamp or Seal _____	
Iowa Department of Public Health, Bureau of Health Statistics					
Site 1					
Revised January 2022					



Effects

- Now the legal father
- Father's name added to birth certificate
- Child now has same rights as a child born within a marriage

Rights

- May be able to take legal steps for visitation or custody.
- Not automatically given when paternity is established by VPA***

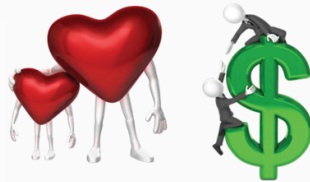
Responsibilities

- Duty to help support the child financially
 - Can use VPA to get an order for child and medical support
- Iowa Child Support case not automatically opened with VPA***

Relationship



Support



Identity



Medical



Benefits



Impact on the Child

Answers to common questions

- Parents do not have to sign and notarize on the same day.
- Parents do not have to be in the same city, state, or country.
- If mom is married to someone who is not the father, must attach certified copy of court order **signed by a judge**:

Divorce decree - must include language specific to the spouse/child/pregnancy in question

Disestablishment of Paternity
- Parents have 60 days to rescind the VPA after it is submitted.

Information and resources

Voluntary Paternity Affidavit Program (VPA)

[Where to get a VPA
form](#)

[Acceptable forms of ID](#)

[Completed VPA Form
Example](#)

[Sign up for VPA
Newsletter](#)

[En Español](#)



VPA
Voluntary Paternity Affidavit

BHS Contact

Julio E Ferreris

Paternity Specialist

515-281-6687

julio.ferreris@hhs.iowa.gov

Questions about:

- ✓ acceptable IDs
- ✓ legal documents
- ✓ undocumented parents
- ✓ how to complete the 'Race' field
- ✓ unusual or complex situations
- ✓ processing

Amy Peters, MSW
pataff@iastate.edu

