

## VOLUNTARY PATERNITY AFFIDAVIT

### Purpose

Signing and filing this Voluntary Paternity Affidavit establishes a legal relationship between a father and child when the biological father was not married to the child's mother. Signing and filing this form:

- Legally establishes the biological father's paternity; and
- Allows the father's name to be added to the child's birth certificate.

### Rights and responsibilities

Signing this form is voluntary. Legal paternity establishment provides many benefits for you and the child. It also creates rights and responsibilities, and means the biological father is committing to support the child. **This Voluntary Paternity Affidavit is a legal action. Once it is processed, you must get a court order to change any information that you provided on the form.**

- Your rights, responsibilities, and benefits are explained in the informational material provided with this affidavit. Read this information carefully before you sign this affidavit. Ask for assistance if you do not understand the consequences of signing this affidavit.
- By signing this affidavit, you are saying that you have read and understand your rights and responsibilities, and that you have provided true and accurate information that is legally binding.
- If you are unsure who the biological father is, you should not sign this document and you should have a genetic test. To obtain a genetic test, contact your local child support office or seek genetic testing services on your own. Upon filing the Voluntary Paternity Affidavit, the Iowa Department of Public Health will update the birth certificate with the father's name and information.
- Either person listed on the Voluntary Paternity Affidavit as Mother or Father may cancel this affidavit by completing and filing a Rescission of Paternity Affidavit form with the Bureau of Health Statistics. You have 60 days from the date of the last notarized signature on this form, or until a court order is entered regarding this child, whichever is the earlier. Contact the bureau at (515) 281-4944 and ask for the paternity clerk to obtain a rescission form.

### Instructions for parents

- There is no fee for filing a Voluntary Paternity Affidavit and this form may be completed for a child of any age.
- **Type or print legibly in dark ink. Complete all items. Ask for a new form if you make a mistake. Do not send in a photocopy of this form.** Affidavits that are not signed on the original form supplied by the Iowa Department of Public Health, or that contain blanks, cross-outs, correction fluid, or erasures may be rejected.
- Both the Mother and Father completing this form must show current, government-issued photo identification and **sign this form in front of a notary public**. All signatures must be clear and legible.
- File this completed, notarized form with the Iowa Department of Public Health, Bureau of Health Statistics.

**When you sign this form, you may also change your child's last name from what is on your child's birth certificate.** Iowa law gives you only three choices: 1) leave the child's last name the same as on the current birth certificate; 2) change the child's last name to the same as the father's last name; or 3) if the child's last name is currently the same as the mother's, add the father's last name to it for a 2-word hyphenated last name. If you want to change the last name and both parents agree, write your child's new last name in the designated box. If you do not want to change the last name, write your child's current last name in the box. If you do not complete this field, the child's last name will stay the same as it is on the current birth certificate.

### Mail this completed form to:

You must include the completed, notarized form, a clear photocopy of both parents' current government-issued photo I.D.s, and any other appropriate attachments.

**Iowa Department of Public Health  
Bureau of Health Statistics, Paternity Clerk  
Lucas State Office Building, 1<sup>st</sup> Floor  
321 E. 12<sup>th</sup> Street  
Des Moines, IA 50319**

Parents are responsible for returning certified copies of the child's birth certificate in order to get a replacement if the certificate was issued before the paternity affidavit was processed. Changes other than corrections of obvious typographical errors made by the Bureau of Health Statistics will require a court order.

# 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	
Docket #	_____
Certificate #	_____
Facility Code #	_____
Date Completed	_____

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

**CHILD**

<b>Child's Name</b> First	Middle <i>If none, check box</i> <input type="checkbox"/>	Last (surname)	Suffix (Jr., II, III, IV, V)
<b>Sex</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Birth Date</b> (Month, Day, Year)	<b>City, County and State of Birth</b>	<b>Name of Hospital or Address of Home Birth</b>

**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**

<b>Father's Name</b> First	Middle <i>If none, check box</i> <input type="checkbox"/>	Last (surname)	Suffix (Jr., Sr., I, II, III, IV, V)
<b>State or Foreign Country of Birth</b>		<b>Birth Date</b> (Month, Day, Year)	<b>Social Security Number</b> <i>If none, check box</i> <input type="checkbox"/>
<b>Hispanic Origin</b> (Write "None" or Specify)	<b>Race</b>	<b>Education</b> (Highest Grade Completed)	<b>Daytime Phone</b> (Include Area Code)
<b>Address</b> (Street Address AND P.O. Box)		(City, Town or Location)	(State and Zip Code)

**MOTHER**

<b>Mother's Name</b> First	Middle <i>If none, check box</i> <input type="checkbox"/>	Current Last Name (surname)	Last Name (surname) Before Any Marriage
<b>State or Foreign Country of Birth</b>	<b>Birth Date</b> (Month, Day, Year)	<b>Social Security Number</b> <i>If none, check box</i> <input type="checkbox"/>	<b>Daytime Phone</b> (Include Area Code)
<b>Address</b> (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.

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 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 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) \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_ ss.

Signed and affirmed in my presence by the father named above in this affidavit.

**Mother's Signature** \_\_\_\_\_ **Date Signed** (Month, Day, Year) \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_ ss.

Signed and affirmed in my presence by the mother named above in this affidavit.

**Notary Public's Signature** \_\_\_\_\_ **Date Signed** (Month, Day, Year) \_\_\_\_\_

My commission expires: \_\_\_\_\_

**Notary Public's Signature** \_\_\_\_\_ **Date Signed** (Month, Day, Year) \_\_\_\_\_

My commission expires: \_\_\_\_\_

*Stamp or Seal*

*Stamp or Seal*