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**Open**

# Acknowledgement of paternity form california

**LDSS-4418 (Rev. 1/14)**  
**New York State Office of Temporary and Disability Assistance**  
**New York State Department of Health**  
 Pursuant to Section 4135-b of Public Health Law

Recorded District _____
Hospital Code (PFT Number) _____
Register Number _____

## ACKNOWLEDGMENT OF PATERNITY

(Please type or print clearly in blue or black ink.)

Check where signed:  Hospital  Child Support Office  Birth Registrar  Other

<b>CHILD</b>	First name		Middle name			
	Last name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (MMDDYYYY)		
	Facility of birth	City of birth	County of birth			
	<i>If the child's birth certificate was already filed and you wish to change the child's last name, complete the following section:</i>					
Last name on original birth certificate		New last name				
<i>We understand that signing this Acknowledgment of Paternity is voluntary and will establish paternity of our child and have the same force and effect as an order of filiation determining paternity and entered after a court hearing including an obligation to provide support for our child. Except that only if this Acknowledgment of Paternity is filed with the Registrar where the birth certificate is filed will the Acknowledgment of Paternity have such force and effect with respect to inheritance rights. We have received written and oral notice of our legal rights (including the institution to withdraw, responsibilities, alternatives and the consequences of signing the Acknowledgment of Paternity, and an understanding what the notice states. A copy of the written notice has been provided to us. We certify that the information we provide below is true.</i>						
<b>FATHER</b>	First name		Middle name		Last name	
	Street address (house/apt. number)					
	City		State		Zip	
	Place of birth	City	State	Country		
	Date of birth (MMDDYYYY)		Social Security number - -			
	<i>I hereby acknowledge that I am the biological father of the child named above.</i>					
	Signature		Date (MMDDYYYY)			
	WITNESS SECTION (Witness cannot be related to mother or father.)	Witness Signature		Print Name		Date (MMDDYYYY)
		Witness Signature		Print Name		Date (MMDDYYYY)
	<b>MOTHER</b>	First name		Middle name		Last name
Maiden name (last name only)						
Street address (house/apt. number)						
City		State		Zip		
Place of birth		City	State	Country		
Date of birth (MMDDYYYY)		Social Security number - -				
<i>I hereby consent to the Acknowledgment of Paternity for my child named above, and acknowledge that the man named above is the only possible father of my child who was born to me. I state that I was not married at any time during the pregnancy or when the child was born OR I state that I have subsequently married the child's biological father.</i>						
Signature		Date (MMDDYYYY)				
WITNESS SECTION (Witness cannot be related to mother or father.)		Witness Signature		Print Name		Date (MMDDYYYY)
		Witness Signature		Print Name		Date (MMDDYYYY)
<i>For Official Use Only</i>						
The above Acknowledgment of Paternity is hereby filed with the _____ register on _____.						
If this document is to amend a birth certificate, I certify that I have examined the original record this seeks to amend and the information on this document matches. There are no omissions or apparent errors that render it unacceptable for amending the birth record. This document is therefore approved.						
State Registrar/Deputy City Registrar Signature			MMDD/YYYY			

## ACKNOWLEDGEMENT OF PATERNITY/PARENTAGE

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

STATE FILE NUMBER \_\_\_\_\_

TYPE OR PRINT CLEARLY IN BLACK INK ONLY

<b>PART I INFORMATION TO LOCATE RECORD</b>						
<b>INFORMATION AS IT APPEARS ON CURRENT RECORD</b>	1A. NAME OF CHILD—FIRST		1B. MIDDLE		1C. LAST (BIRTH)	
	2. SEX	3. DATE OF BIRTH—MMDDCCYY		4A. CITY OF BIRTH		
	4B. COUNTY OF BIRTH					
	5. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY					
	6A. FULL NAME OF PARENT—FIRST		6B. MIDDLE		6C. LAST (BIRTH)	6D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
7A. FULL NAME OF PARENT—FIRST		7B. MIDDLE		7C. LAST (BIRTH)	7D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	
<b>PART II INFORMATION AS IT IS TO APPEAR ON NEW RECORD</b>						
<b>NAME OF CHILD</b>	8A. NAME OF CHILD—FIRST		8B. MIDDLE		8C. LAST (BIRTH)	
	9A. FULL NAME OF PARENT—FIRST		9B. MIDDLE		9C. LAST (BIRTH)	9D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
<b>PARENT</b>	10. STATE/FOREIGN COUNTRY OF BIRTH					
	11. DATE OF BIRTH—MMDDCCYY					
<b>BIRTH PARENT</b>	12A. FULL NAME OF PARENT—FIRST		12B. MIDDLE		12C. LAST (BIRTH)	12D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	13. STATE/FOREIGN COUNTRY OF BIRTH					
<b>PART III AFFIDAVITS AND SIGNATURES</b>						
<input type="checkbox"/> WE CERTIFY THAT WE ARE UNMARRIED PARENTS AND HAVE ATTACHED A COPY OF THE VOLUNTARY DECLARATION OF PARENTAGE (VDOP) FORM. <input type="checkbox"/> WE CERTIFY THAT WE ARE MARRIED PARENTS AND HAVE ATTACHED A COPY OF OUR MARRIAGE CERTIFICATE. <input type="checkbox"/> WE CERTIFY THAT WE ARE IN A STATE REGISTERED DOMESTIC PARTNERSHIP AND HAVE ATTACHED A COPY OF OUR DECLARATION.						
<b>USE BLACK INK ONLY</b>	I CERTIFY UNDER PENALTY OF PERJURY THAT I AM THE PARENT OF THE CHILD IDENTIFIED ABOVE AND THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.					
	15A. SIGNATURE OF PARENT		15B. DATE SIGNED			
	15C. ADDRESS—STREET AND NUMBER		15D. CITY	15E. STATE	15F. ZIP CODE	
	I CERTIFY UNDER PENALTY OF PERJURY THAT I AM THE PARENT OF THE CHILD IDENTIFIED ABOVE AND THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.					
<b>STATE REGISTRAR USE ONLY</b>	16A. SIGNATURE OF PARENT		16B. DATE SIGNED			
	16C. ADDRESS—STREET AND NUMBER		16D. CITY	16E. STATE	16F. ZIP CODE	
	17. CDPH - VITAL RECORDS		18. DATE ACCEPTED FOR REGISTRATION			





