



STATE OF MONTANA

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
PATERNITY ACKNOWLEDGMENT

There is no charge for the processing of this form within the first year of birth. Please note that there is a \$27.00 processing fee after the first year of birth, payable to Montana Vital Records (via check, cashier's check, or money order). This fee covers one certified copy of the amended birth certificate to be sent upon completion. Also, please include a photocopy of either parent's current valid state ID with their current mailing address and phone number noted. Please send fee, ID, and original notarized form to: Montana Vital Records: PO Box 4210, Helena MT 59604-4210

Form with fields for CHILD'S NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER, CITY OF BIRTH, HOSPITAL, MOTHER'S NAME, MAIDEN SURNAME, MOTHER'S DATE OF BIRTH, MOTHER'S STATE OF BIRTH, MOTHER'S RACE, SOCIAL SECURITY NUMBER, FATHER'S NAME, FATHER'S RACE, FATHER'S DATE OF BIRTH, FATHER'S ANCESTRY, EDUCATION, SOCIAL SECURITY NUMBER, FATHER'S STATE OF BIRTH, FATHER'S OCCUPATION, FATHER'S PLACE OF EMPLOYMENT.

BOTH PARENTS MUST SIGN BEFORE A NOTARY PUBLIC

We the natural mother and father, declare under penalty of perjury under the laws of the State of Montana that the following statement are true and correct. When completed and filed with the state registrar this Paternity Acknowledgment establishes a father-child relationship identical to the relationship established when a child is born to married parents. NOTICE TO BOTH PARENTS: THIS IS A LEGALLY BINDING DOCUMENT. Upon signing this acknowledgment, it becomes your duty under law to provide support and care for the child as the parent. Do not sign this acknowledgment if you do not understand the legal effect of the document or you have doubts about the paternity of the child. If you wish to withdraw this acknowledgment, you must do so within 60 days, or before a support or paternity order for the child is entered, whichever is earlier.

PLEASE PRINT/SIGN USING A BALLPOINT PEN

I certify that I am the natural mother. The above information is true and the man named above is the only possible father. I make this affidavit to name the natural father on my child's birth certificate. I understand the rights, responsibilities, alternatives, and consequences of signing this affidavit.

Mother's Signature, Address, City, State, Zip

Verification of Signer's ID is Mandatory

State of, County of, This document was signed and worn to (or affirmed) before me on (Date) by (Name of Signer)

(Notary's Signature) [Official Stamp]

I certify that the above information is true. I make this affidavit to show that I am the natural father on my child's birth certificate. I also understand that by acknowledging paternity of this child, I accept an obligation to provide child support under the laws of the State of Montana. I understand the rights, responsibilities, alternatives, and consequences of signing this affidavit

Father's Signature, Address, City, State, Zip

Verification of Signer's ID is Mandatory

State of, County of, This document was signed and worn to (or affirmed) before me on (Date) by (Name of Signer)

(Notary's Signature) [Official Stamp]



STATE OF MONTANA

STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
OFFICE OF VITAL RECORDS
NOTICE OF WITHDRAWAL OF PATERNITY ACKNOWLEDGMENT

I, _____, signed an acknowledgment of paternity for
(Your name)

_____ on _____
(Child's name) (Date paternity acknowledgment was signed)

A copy of this notice of withdrawal was provided to me with the paternity acknowledgment form. Having reconsidered my action signing the acknowledgment, I hereby withdraw, cancel and rescind my acknowledgment.

I understand that this withdrawal is useless and of no effect unless it is filed with the Montana Department of Public Health and Human Services within 60 days of the date the paternity acknowledgment was signed, or before a support or paternity order for the child is entered, whichever is earlier. I understand that to file this document, I must present it in person to the department at the address below, or mail it to the department at the mailing address below so that it is received and available for filing with the department's vital records before the withdrawal period ends.

I further certify that I have provided a copy of this notice to the other party who signed the acknowledgment of paternity.

Signature: _____

Date: _____

Verification of Signer's ID is Mandatory

State of: _____

County of: _____

This Document was signed and sworn to (or affirmed) before me on _____

By _____ (Date)
(Name of Signer)

(Notary Signature)

[Official Stamp]

INSTRUCTIONS FOR FILING THIS WITHDRAWAL NOTICE

You may file this document either in person or by mail.

In person at:

Office of Vital Records
111 Sanders St., Rm 6
Helena, MT 59620

Mail to:

Office of Vital Records
PO Box 4210
Helena, MT 59604