



**MONTANA DEPARTMENT OF
PUBLIC HEALTH & HUMAN SERVICES:
VITAL RECORDS BUREAU
PO BOX 4210
HELENA, MT 59604-4210**

**PATERNITY
ACKNOWLEDGMENT**

PLEASE TYPE OR PRINT CLEARLY USING A BALL POINT PEN

CHILD'S NAME <i>(First, Middle, Last)</i>	DATE OF BIRTH	SOCIAL SECURITY NUMBER
CITY OF BIRTH	HOSPITAL	
MOTHER'S NAME <i>(First, Middle, Last (MAIDEN SURNAME))</i>		MOTHER'S DATE OF BIRTH
MOTHER'S STATE OF BIRTH <i>(If Not U.S.A. Give Country)</i>	MOTHER'S RACE	MOTHER'S SOCIAL SECURITY NUMBER
FATHER'S NAME <i>(First, Middle, Last)</i>	FATHER'S RACE	FATHER'S DATE OF BIRTH
FATHER'S ANCESTRY	Education (Elementary/Secondary) (0-12) College (1-4 or 5+)	FATHER'S SOCIAL SECURITY NUMBER
FATHER'S STATE OF BIRTH <i>(If Not U.S.A. Give Country)</i>	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 statements are true and correct. When completed and filed with the state registrar this Voluntary Declaration of Paternity 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 declaration, it becomes your duty under law to provide support and care for the child as the parent. **Do not sign** this declaration 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 Acknowledgement, 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 BALL POINT 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 sworn to (or affirmed) before me

on _____ by _____
(Date) (Name of Applicant)

(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 _____
Phone Number _____

Verification of Signer's ID is Mandatory

State of _____

County of _____

This document was signed and sworn (or affirmed) before me

on _____ by _____
(Date) (Name of Applicant)

(Notary's Signature)

[Official Stamp]

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
(Your name)
for _____ 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:

IN PERSON:
DPHHS
Office of Vital Records
111 Sanders St., Rm 6
Helena, MT 59620

BY MAIL:
DPHHS
Office of Vital Records
PO Box 4210
Helena, MT 59604-4210