



## **PATERNITY ACKNOWLEDGEMENT**

There is no charge for the processing of this form within the first year of birth. If you would like an amended birth certificate upon completion, the certificate fee of \$16 must be paid.

There is a \$41 processing fee after the first year of birth, payable to Montana Vital Records. This fee covers one certified copy of the amended birth certificate. Please send a photocopy of either parent's current valid ID with their current mailing address and phone number noted, as well as the notarized form and payment to: **Montana Vital Records: PO Box 4210, Helena MT 59604-4210.**

CHILD'S NAME (FIRST, MIDDLE, LAST)	CHILD'S DATE OF BIRTH	CHILD'S CITY/COUNTY OF BIRTH
MOTHER'S MAIDEN NAME (FIRST, MIDDLE, LAST)	MOTHER'S DATE OF BIRTH	MOTHER'S STATE/COUNTRY OF BIRTH
MOTHER'S EDUCATION LEVEL	MOTHER'S HISPANIC ORIGIN	MOTHER'S RACE
MOTHER'S OCCUPATION	MOTHER'S EMPLOYER	MOTHER'S SOCIAL SECURITY NUMBER
FATHER'S NAME (FIRST, MIDDLE, LAST)	FATHER'S DATE OF BIRTH	FATHER'S STATE/COUNTRY OF BIRTH
FATHER'S EDUCATION LEVEL	FATHER'S HISPANIC ORIGIN	FATHER'S RACE
FATHER'S OCCUPATION	FATHER'S EMPLOYER	FATHER'S SOCIAL SECURITY NUMBER

### **BOTH PARENTS MUST SIGN BEFORE A NOTARY OF THE 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 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 if 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 AND 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 the 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]

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 the 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]



DEPARTMENT OF  
**PUBLIC HEALTH &  
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 \_\_\_\_\_  
(Date)

by \_\_\_\_\_  
(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