



Paternity Correction

Thank you for your inquiry.

If there is no father listed on the birth certificate, you may complete the enclosed **Paternity Acknowledgment**. This document must be signed in front of a notary by both parents. Once completed, please mail the original document to Montana Vital Records.

Please Note: Included with this document is the **Withdrawal of Paternity form**, which is required to be sent per statute. If you are only ADDING the father to the birth certificate, please do NOT fill out the withdrawal form, as this form will cancel out the paternity acknowledgement.

When sending in the document, please include a copy of your valid photo ID along with a note listing your contact information.

If the child is over a year old, the fee for submitting the Paternity Acknowledgement is \$41 (\$25 for the correction and \$16 for a new copy of the birth certificate.) For children under a year old, there is no correction fee. If you would like a copy of the birth certificate once it has been corrected, you may send the fee of \$16 with a photocopy of your ID. Please make the check or money order payable to Montana Vital Records.

If you are unable to have the other party sign a Paternity Acknowledgment, you will need to obtain a certified court order indicating that the name of the father should be added to the birth certificate. This court order must include:

1. The child's full name (first, middle, last), and date and place of birth.
2. The father's full name (first, middle, last), and date and place of birth.

Once a court order is obtained, please mail a certified copy of the order along with a copy of your valid photo ID, and a check or money order for \$41.

Please mail all correction documents to:

Montana Vital Records
PO Box 4210
Helena, MT 59604

If you have any questions, please contact Kaylie Kummer at (406) 444-1986 or at kaylie.kummer@mt.gov



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 - Mother)

(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 - Father)

(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