

VOLUNTARY PATERNITY AFFIDAVIT

PLEASE READ THE OTHER SIDE OF THIS FORM BEFORE COMPLETING THE FOLLOWING INFORMATION. ALL ITEMS MUST BE ANSWERED.

Docket # _____
Certificate # _____
Facility Code # _____
Date Completed _____

CHILD

CHILD'S INFORMATION AS SHOWN ON BIRTH CERTIFICATE: Was child one of a multiple birth (twins, triplets...etc)? Yes No

Child's Name First _____ Middle, if any _____ Last (surname) _____ Suffix (Jr., II, III, IV, V) _____
Sex Female _____ Birth Date (Month, Day, Year) _____ City and County of Birth _____ Name of Hospital or Address of Home Birth _____ (circle one) Male _____

CHILD'S LAST NAME (surname) AFTER PATERNITY – Do not leave blank. You may keep it the same as on the birth certificate, change it to the father's, or add the father's last name to it.

FATHER

Father's Name First _____ Middle, if any _____ Last (surname) _____ Suffix (Jr., Sr., I, II, III, IV, V) _____
State or Foreign Country of Birth _____ Birth Date (Month, Day, Year) _____ Social Security Number (Write "None" or Specify) _____
Hispanic Origin (Write "None" or Specify) _____ Race _____ Education (Highest Grade Completed) _____ Daytime Phone (Include Area Code) _____
Address (Street Address AND P.O. Box) _____ (City, Town or Location) _____ (State and Zip Code) _____

MOTHER

Mother's Name First _____ Middle, if any _____ Last Name (surname) Before Any Marriage _____ Current Last Name (surname) _____
State or Foreign Country of Birth _____ Birth Date (Month, Day, Year) _____ Social Security Number (Write "None" or Specify) _____ Daytime Phone (Include Area Code) _____
Address (Street Address AND P.O. Box) _____ (City, Town or Location) _____ (State and Zip Code) _____

MOTHER: Check the one statement below that best describes the mother's marital status at the time of this child's conception, birth, or any time between.

- I was not legally married to anyone.
- I was legally married to someone other than the father of this child. As required by Iowa law, attached to this affidavit is a certified copy of the final court order signed by a judge and filed with the Clerk of District court that rules that the man to whom I was legally married is not the father of this child.
- I was not legally married. However, I have since legally married the father of this child. As required, a certified copy of our marriage record (which will be returned to me) is attached.
- I was legally married to the father of this child. As required, a certified copy of our marriage record (which will be returned to me) is attached.

AFFIRMATION: Each parent must sign and date this form in the presence of an authorized notary public. Notary completes and signs below.

FATHER: I affirm that I understand that signing this paternity affidavit is voluntary and that I understand my rights, responsibilities, alternatives, and consequences. I further acknowledge that I am the biological father of the above named child and do hereby give my permission to enter my name as the legal father on the birth certificate. I affirm that the above is true and accurate.

MOTHER: I affirm that I understand that signing this paternity affidavit is voluntary and that I understand my rights, responsibilities, alternatives, and consequences. I am the birth mother of the above named child and do hereby give my permission to enter the biological father's name as the legal father on the birth certificate. I affirm that the above is true and accurate.

Father's Signature _____ Date Signed _____
State of _____ County of _____ ss _____
Signed and affirmed in my presence _____ Write name exactly as appears on father's photo I.D.

Mother's Signature _____ Date Signed _____
State of _____ County of _____ ss _____
Signed and affirmed in my presence _____ Write name exactly as appears on mother's photo I.D.

Notary Public's Signature _____ Date Signed _____
Notary Address & Expiration _____

Notary Public's Signature _____ Date Signed _____
Notary Address & Expiration _____

SEAL

SEAL

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
Bureau of Health Statistics

VOLUNTARY PATERNITY AFFIDAVIT

This Voluntary Paternity Affidavit is a legal action.

Once it is processed, you must get a court order to change any information that you provided on the form.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE COMPLETING THIS FORM.

- ESTE FORMULARIO SIRVE PARA AGREGAR EL NOMBRE DEL PADRE EN EL CERTIFICADO DE NACIMIENTO DE NIÑO. PARA MAYOR INFORMACIÓN, POR FAVOR LLEVE ESTE FORMULARIO A UN INTÉRPRETE. (This form is to add the father's name onto the child's birth certificate. For more information, please take this form to an interpreter.)
- Iowa law states that completing and filing a voluntary paternity affidavit with the Iowa Department of Public Health legally establishes paternity for a child born to parents who are not legally married to each other.
- There is no age limit and no fee for filing a voluntary paternity affidavit.
- Legal paternity establishment provides many benefits for you and the child. It also creates rights and responsibilities, and means the biological father is committing to support the child.
- Your rights, responsibilities and benefits are explained in the informational material provided with this affidavit. Please read it carefully before you sign this affidavit. By signing this affidavit, you are saying that you have read and understand your rights and responsibilities. Ask for assistance if you do not understand the consequences of signing this affidavit.
- By signing, you are saying that you have received and read these instructions and have provided true and accurate information that is legally binding.
- **CHILD'S LAST NAME (surname) AFTER PATERNITY.** You must state what the child's legal last name (surname) will be after the paternity affidavit is filed. Iowa law gives you only three choices: 1) leave the child's last name the same as on the current birth certificate; 2) change the child's last name to the same as the father's last name; or 3) IF the child's last name is currently the same as the mother's, add the father's last name to it for a 2-word hyphenated last name.
- Both of you must show current, government-issued photo identification and sign this form in front of a notary public. All signatures must be clear and legible.
- The Affidavit will not be accepted unless:
 1. The mother's full name is exactly the same in four places: as provided on the child's birth worksheet, in the mother's section of the Affidavit form, on her photo I.D., and her signature.
 2. The father's full name is exactly the same in three places: in the father's section of the Affidavit form, on his photo I.D., and his signature.
- Either of you may cancel this affidavit by completing and filing a Recision of Paternity Affidavit form with the state Bureau of Health Statistics. You have 60 days from the date of the last notarized signature on this form, or until a court order is entered regarding this child, whichever is the earlier.
Contact the Bureau at 515-281-4944 and ask for the paternity clerk to obtain a recision form.

TO PREVENT DELAY—Type or print legibly in black ink. Do not send in a photocopy of this form. Affidavits will be rejected that are not fully completed, not signed on the original form supplied by the Iowa Department of Public Health, or that contain cross-outs, correction fluid, or erasures. **All lines must be filled in.**

Send completed form with appropriate attachments to:

Iowa Department of Public Health
Bureau of Health Statistics
321 E. 12th Street, Lucas Bldg. 1st Floor
Des Moines, IA 50319-0075

INCLUDE A COPY OF YOUR CURRENT GOVERNMENT-ISSUED PHOTO ID

Parents are responsible for returning certified copies of the child's birth certificate in order to get a replacement if the certificate was issued before the paternity affidavit was processed. Changes other than corrections of obvious typographical errors made by the Bureau of Health Statistics will require a court order.