



Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services

Maine Center for Disease Control and Prevention (Maine CDC)
 220 Capitol Street
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 Augusta, Maine 04333-0011
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 Fax : (207) 287-1093 TTY Users: Dial 711 (Maine Relay)

ACKNOWLEDGMENT OF PATERNITY (AOP)
 (Please type or print clearly in black ink.)

Check where signed: Hospital Division of Support Enforcement and Recovery (DSER) Office of Data, Research, and Vital Statistics (DRVS) Other

CHILD	1. Child's Name (First, middle, other middle, last, suffix)		2. Date of Birth (mm/dd/yyyy)		3. Sex		
	4. Place of Birth (City or town)		5. County of Birth		6. Type of Place of Birth <input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Home Birth <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify) _____		
	7. Facility Name (If not an institution, give street and number)			8. Facility Address (Street and number, city/town, state, zip code)			
MOTHER	9. Mother/Parent Current Legal Name (First, middle, last, suffix)			10. Mother/Parent Name Prior to First Marriage (First, middle, last, suffix)			
	11. Date of Birth (mm/dd/yyyy)		12. Birthplace (State, Territory, or Foreign Country)		13. Social Security Number (xxx-xx-xxxx)		
	14. Mother/Parent Residence Address (Street and number, city/town, state, zip code)						
FATHER	15. Father/Parent Current Legal Name (First, middle, last, suffix)			16. Father/Parent Name Prior to First Marriage (First, middle, last, suffix)			
	17. Date of Birth (mm/dd/yyyy)		18. Birthplace (State, Territory, or Foreign Country)		19. Social Security Number (xxx-xx-xxxx)		
	20. Father/Parent Residence Address (Street and number, city/town, state, zip code)						
	EDUCATION (Highest grade completed at time of child's birth)		ANCESTRY (Check one box below and <u>must</u> specify if other)		RACE (Check all that apply)		
	<input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9-12 th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate Degree, AA, AS <input type="checkbox"/> Bachelor's Degree, BA, AB, BS <input type="checkbox"/> Master's Degree, MA, MS, MEng, MSW, MBA <input type="checkbox"/> Doctorate, PhD, EdD or Professional Degree, MD, DDS, DVM, LLB, JD <input type="checkbox"/> None <input type="checkbox"/> Unknown		<input type="checkbox"/> Hispanic <input type="checkbox"/> Mexican, Mexican American, Chicana <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Italian <input type="checkbox"/> African <input type="checkbox"/> American <input type="checkbox"/> Haitian <input type="checkbox"/> Pakistani <input type="checkbox"/> Ukrainian <input type="checkbox"/> Nigerian <input type="checkbox"/> Taiwanese <input type="checkbox"/> Other, Specify _____ <input type="checkbox"/> Unknown		<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Specify _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese		<input type="checkbox"/> Other Asian <input type="checkbox"/> Specify _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Specify _____ <input type="checkbox"/> Other <input type="checkbox"/> Specify _____ <input type="checkbox"/> Don't know/ Not sure <input type="checkbox"/> Refused
PARENTS	STATEMENT OF PARENTS: We affirm, under penalty of perjury, by the woman giving birth (mother/parent) and the man (father/parent) seeking to establish his paternity, that we have examined the statements on page 2 of this form and that it is correct to the best of our knowledge and belief. We are voluntarily signing this acknowledgment of paternity without being subject to force, threats or coercion of any kind.						
	Signature of Mother/Parent ▶		Date Signed (mm/dd/yyyy)		Signature of Father/Parent ▶		
NOTARY PUBLIC	STATEMENT OF NOTARY PUBLIC: The above individuals personally appeared before me and made oath to the truth of the foregoing statements.						
	State of: _____ County of: _____ Signed or attested before me on (mm/dd/yyyy): _____ Commission Expiration Date: _____			State of: _____ County of: _____ Signed or attested before me on (mm/dd/yyyy): _____ Commission Expiration Date: _____			
	Signature of Notary Public ▶			Signature of Notary Public ▶			

ACKNOWLEDGMENT OF PATERNITY (Continued)

(Please type or print clearly in black ink.)

Case ID Number _____

Child's Name (First, middle, last, suffix)		Date of Birth (mm/dd/yyyy)	Sex
STATEMENTS OF ACKNOWLEDGMENT			
Mother/Parent Initials	Father/Parent Initials	The statements of acknowledgment below must be read to each parent before it is signed, initialed and notarized. Parents must initial each of the statements provided below in order for the AOP to be valid.	
		We understand we have the right to talk with an attorney before signing.	
		We understand once we have signed this acknowledgment, we will be legally responsible for financially supporting this child until at least the age of 18, and until the age of 19 if still in high school. Parents may be required to pay for past medical expenses, birth expenses and child support for this child.	
		We understand by signing this acknowledgment, we will give this child a legal record identifying each of us as parents. This will enable this child to get access to Social Security or veteran benefits, inheritance rights, life insurance and access to health insurance and medical information.	
		We understand the completion of an Acknowledgment of Paternity does not involve custody or visitation rights. (Parents must go to court to gain rights.)	
		We understand it is a crime to sign this form knowing that the man signing is not the biological father of this child and this document will be considered void if another man has already acknowledged paternity or if a court determination has already been done to establish parentage.	
		We swear the man (father/parent) signing the acknowledgment believes himself to be the biological father of this child.	
		We understand that this acknowledgment is the equivalent of a court determination of paternity of this child and that a challenge to the acknowledgment is permitted only under limited circumstances and is not allowed after two years.	
		We understand that we may rescind this acknowledgment by filing a Rescission form with the Office of Data, Research, and Vital Statistics within 60 days after the Acknowledgment form has been filed and accepted.	
		We understand that after 60 days of filing the acknowledgment and a denial of parentage, if applicable, with the Office of Data, Research, and Vital Statistics we must obtain a court determination to rescind or challenge the acknowledgment or denial in order to remove or add a parent.	
Parents must check one of boxes in the below statements in addition to initialing.			
		<input type="checkbox"/> We acknowledge that the child subject to this AOP does <u>not</u> already have a presumed, acknowledged, or adjudicated father. <p style="text-align: center;">OR</p> <input type="checkbox"/> We acknowledge that the child subject to this AOP already <u>has</u> a presumed father and does not have another acknowledged or adjudicated father. It is understood that a Denial of Paternity (DOP) form from the presumed father is required in order for this AOP to be valid. The full name of the presumed father is: _____	
		<input type="checkbox"/> We acknowledge that there has <u>not</u> been genetic testing regarding this child's paternity. <p style="text-align: center;">OR</p> <input type="checkbox"/> We acknowledge that there <u>has</u> been genetic testing and that the acknowledging man's claim of paternity is consistent with the results of the testing.	
		<input type="checkbox"/> Single Mother <p style="text-align: center;">OR</p> <input type="checkbox"/> Married or Formerly Married Mother: <ul style="list-style-type: none"> ▪ If the mother was married and the child was born within 300 days after the termination of the marriage, the name of the spouse shall be entered on the child's birth certificate unless paternity has been established. ▪ If a DOP is not signed by the presumed father, do not proceed. The AOP and DOP may be filed separately or simultaneously, but neither is valid until both are filed. 	
		We have read and understand the instructions provided. We understand the legal consequences of and the rights and responsibilities that arise from signing the acknowledgment. We have authenticated, under penalty of perjury the above statements are correct to the best of our knowledge and belief.	

ACKNOWLEDGMENT OF PATERNITY NOTES AND INSTRUCTIONS

Each parent should carefully read all notes and instructions before completing and signing the Acknowledgment of Paternity (AOP) form.

Establishment of paternity means the establishment of a genetic parent-child relationship. The AOP shall be signed under penalty of perjury by the woman (mother/parent) who gives birth to a child and a man (father/parent), not her spouse, claiming to be the genetic father of the child seeking to establish paternity.

- 1. SINGLE MOTHER:** When a proper AOP is received by the Office of Data, Research, and Vital Statistics, the father/parent will be added to the child's Certificate of Live Birth.
 - A. The signatories understand that an acknowledgment of paternity is the equivalent of a court determination of paternity of the child and that a challenge to the acknowledgment is permitted only under limited circumstances and is barred after two years.
- 2. MOTHER IS OR WAS FORMERLY MARRIED:** When a mother is or was married within 300 days of the birth of the child, the name of the spouse shall be entered on the Certificate of Live Birth, including situations when:
 - A. The spouse may not be the genetic father.
 - B. The mother has been separated (legally or otherwise) from the spouse, regardless of the period of the separation.
 - C. The mother was legally married or attempted to marry, and the child is born within 300 days after the termination of the marriage (unless the final divorce decree specifies that the spouse is not the natural father).
- 3. AFFIDAVIT OF DENIAL OF PATERNITY (DOP):** If a married or formerly married mother claims that her spouse or ex-spouse is not the genetic father of the child and the genetic father would like to acknowledge paternity, the spouse may complete a Denial of Parentage (DOP). At that time, the mother and genetic father must submit an AOP along with the DOP. The AOP and DOP may be filed separately or simultaneously, but neither is valid unless both are filed with the Office of Data, Research, and Vital Statistics.

4. LEGAL CITATIONS: *Title 19-A Chapter 61: The Maine Parentage Act*

"Acknowledged father" means a man who has established parentage by filing the AOP with the Office of Data, Research, and Vital Statistics.

"Adjudicated parent" means a person who has been adjudicated by a court of competent jurisdiction to be the parent of the child.

"Presumed parent" means a person who is recognized as the parent of the child until that status is rebutted or confirmed in a judicial proceeding.

A person is presumed to be the parent of a child if:

- A. The person and the woman giving birth to the child are married to each other and the child is born during the marriage; or
- B. The person and the woman giving birth to the child were married to each other and the child is born within 300 days after the marriage is terminated by death, annulment, divorce or declaration of invalidity or after a decree of separation; or
- C. Before the birth of the child, the person and the women giving birth to the child married each other in apparent compliance with law, even if the attempted marriage is or could be declared invalid, and the child is born during the invalid marriage or within 300 days after its termination by death, annulment, divorce or declaration of invalidity or after a decree of separation.

5. INSTRUCTIONS FOR PARENTS FOR THE COMPLETION OF AOP:

- ❖ Each parent must sign in the presence of a notary public and the notary must notarize each signature on page 1.
- ❖ Each parent must initial and select the appropriate statements of acknowledgment on page 2.
- ❖ Alterations, erasures, white-outs, cross-outs, write overs, etc., will not be accepted and will invalidate the form.
- ❖ The completed and notarized Acknowledgment of Paternity form and statements, along with any applicable fees, must be submitted to the Office of Data, Research, and Vital Statistics at the mailing address provided below:

Data, Research, and Vital Statistics
220 Capitol Street
11 State House Station
Augusta, Maine 04333-0011

6. NOTES:

- ❖ The Certificate of Live Birth, including the father/parent information will be available for issuance by the municipality where the child was born, the municipality where the mother resided at the time of birth and the Office of Data, Research, and Vital Statistics.
- ❖ The fee for one certified copy of the Certificate of Live Birth is \$15.00. Additional copies requested at the same time are \$6.00 each.
- ❖ All forms are available through the DRVS website at <http://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/forms/index.shtml>.