



ACKNOWLEDGMENT OF PARENTAGE (AOP) FOR AN ADULT

(Please type or print clearly in black ink.)

ADULT CHILD	1. Adult Child's Name (First, middle, other middle, last, suffix)		2. Date of Birth (mm/dd/yyyy)	3. Sex/Gender	4. Place of Birth (City or town)	
	STATEMENT OF ADULT/CHILD: I am requesting that Data, Research, and Vital Statistics (DRVS) amend my birth certificate to identify a parent who was not known or listed at the time of my birth by the execution of this acknowledgment of parentage for an adult 18 years or older. I affirm, under penalty of perjury, that I have examined the statements on page 2 of this form and that it is correct to the best of my knowledge and belief. I am signing this acknowledgment of parentage without being subject to duress, coercion, or threat of harm of any kind and I would like to identify parentage as indicated below:					
	<input type="checkbox"/> My birth certificate currently lists only one parent, and I would like to add an acknowledged parent.					
	<input type="checkbox"/> My birth certificate currently lists two parents, and I would like to add an acknowledged parent as a third parent.					
NOTARY/CLERK	Signature of Adult Child ►				Date Signed (mm/dd/yyyy)	
	NOTARY PUBLIC/MUNICIPAL CLERK: The above individual personally appeared before me and made an oath to the truth of the foregoing statements.					
	State of: _____ County of: _____ Commission Expiration Date: _____		Signature of Notary Public/Municipal Clerk ►			
			Signed or attested before me on (mm/dd/yyyy)			
MOTHER	5. Mother/Parent Current Legal Name (First, middle, last, suffix)		6. Mother/Parent Name Prior to First Marriage (First, middle, last, suffix)			
	7. Date of Birth (mm/dd/yyyy)	8. Birthplace (State, Territory, or Foreign Country)		9. Social Security Number (xxx-xx-xxxx)		
	9. Mother/Parent Residence Address (Street and number, city/town, state, zip code)					
ACKNOWLEDGED PARENT	10. Parent Current Legal Name (First, middle, last, suffix)		11. Parent Name Prior to First Marriage (First, middle, last, suffix)			
	12. Date of Birth (mm/dd/yyyy)	13. Birthplace (State, Territory, or Foreign Country)		14. Social Security Number (xxx-xx-xxxx)		
	EDUCATION (Highest grade completed at the time of adult child's birth)		ANCESTRY (Check one box below and 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			
	STATEMENT OF PARENTS: We affirm, under penalty of perjury, that the woman giving birth (mother/parent) and the persons seeking to establish parentage, 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 parentage without being subject to duress, coercion, or threat of harm of any kind.					
	Signature of Mother/Parent ►		Date Signed (mm/dd/yyyy)	Signature of Acknowledged Parent ►		
				Date Signed (mm/dd/yyyy)		
	NOTARY/CLERK	NOTARY PUBLIC/MUNICIPAL CLERK: The above individuals personally appeared before me and made an oath to the truth of the foregoing statements.				
		State of: _____ County of: _____ Commission Expiration Date: _____		State of: _____ County of: _____ Commission Expiration Date: _____		
Signature of Notary Public/Municipal Clerk ►		Date Signed (mm/dd/yyyy)	Signature of Notary Public/Municipal Clerk ►			
			Date Signed (mm/dd/yyyy)			



ACKNOWLEDGMENT OF PARENTAGE (AOP) FOR AN ADULT

(Please type or print clearly in black ink.)

Adult Child's Name (First, middle, last, suffix)		Date of Birth (mm/dd/yyyy)	Sex/Gender
STATEMENTS OF ACKNOWLEDGMENT <i>(Please see page 3 for instructions, definitions, examples, and/or legal citations.)</i>			
The statements of acknowledgment below must be read to the adult child and each parent before it is signed, initialed, and notarized.			
The adult child and the parent(s) <u>must check each of the statements</u> provided below for the AOP to be valid.			
<input type="checkbox"/>	We understand by signing this acknowledgment and initialing below, we will give this adult a legal record identifying each of us as parents. This may enable this adult to get access to Social Security or veteran benefits, inheritance rights, life insurance, and access to health insurance and medical information.		
<input type="checkbox"/>	We understand by signing this acknowledgment and initialing below that: <ul style="list-style-type: none">▪ There is no other presumed parent of the adult child or, if there is another presumed parent, that parent intends to complete a Denial of Parentage (DOP) form and we agree to provide the name of the presumed parent in the section below.▪ There is no other acknowledged parent, adjudicated parent, or intended parent other than the woman who gave birth to the adult child.▪ There has not been genetic testing, or▪ There has been genetic testing, and the acknowledging parent's claim of parentage is consistent with the results of genetic testing, or▪ A certified copy of the death certificate of the genetic parent to be named on the amended birth certificate is provided in addition to evidence of genetic parentage based on testing of deoxyribonucleic acid, DNA, that includes:<ul style="list-style-type: none">(1) A notarized report of the results of the DNA testing, and(2) Notarized documentation of the chain of custody of the blood and tissue samples examined in the testing.		
<input type="checkbox"/>	We understand that if the written and notarized consent of the genetic parent to be named on the amended birth certificate was not contained, the amendment of the birth certificate does not affect the rights of inheritance and descent. The amended birth certificate will include the following language on any copy issued. "This birth certificate has been amended to identify a genetic parent not known or listed at the time of birth. This amendment does not affect the rights of inheritance or descent of the subject of the birth certificate."		
<input type="checkbox"/>	We understand that this acknowledgment is the equivalent of a court adjudication of the parentage of this adult and that a challenge to the acknowledgment is permitted only under limited circumstances and is not allowed after two years.		
<input type="checkbox"/>	We understand that a signatory may rescind an acknowledgment of parentage by commencing a court proceeding before the earlier of 60 days after the effective date of the acknowledgment or the date of the first hearing in a court proceeding in which a signatory is a party to adjudicate an issue relating to the adult.		
<input type="checkbox"/>	We understand that any changes in the mother/parent's marital status (single, marriage, or refused) from what was completed on the parent worksheet at the time of the adult child's birth may result in the additional documentation and/or a correction to the marital status. (Please see page 3 for additional documentation requirements depending on the mother/parent's circumstances at the time of birth.)		
We affirm that the acknowledging parent meets <u>at least one</u> of the legal requirements below to voluntarily establish parentage.			
<input type="checkbox"/>	The acknowledging parent is the genetic parent of this adult child.		
<input type="checkbox"/>	The acknowledging parent resided in the same household with the child and openly held out the child as that person's own from the time the child was born or adopted and for a period of at least 2 years thereafter and assumed personal, financial or custodial responsibilities for the child.		
<input type="checkbox"/>	The mother/parent was legally married at the time of birth and the presumed parent (spouse) listed on the adult child's birth certificate is not the genetic or intended parent. The mother/parent and the acknowledging parent would like to acknowledge parentage by the execution of this AOP and it is understood that a Denial of Parentage (DOP) form from the presumed parent (spouse) is required for this AOP to be valid. (The AOP and DOP may be filed separately or simultaneously, but neither is valid until both are filed.) The full name of the presumed parent is _____.		
The adult child and the parent(s) must initial below acknowledging that oral and written instructions were provided and that they understand the information presented.			
			We have read and understand the instructions provided which have also been provided to us orally. 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.