

**STATE OF LOUISIANA  
ACKNOWLEDGMENT OF PATERNITY AFFIDAVIT**

**CHILD BORN OF MARRIAGE**

**NOTICE: You must read and initial the NOTICE OF ALTERNATIVES, RIGHTS AND RESPONSIBILITIES before you sign the affidavit.**

**SECTION I. CHILD'S INFORMATION**

**This is a legal document. Complete in black ink and do not alter.**

Name of Child - First, Middle, Last (As it appears on birth certificate)		Date of Birth - (Month, Day, Year)
Place of Birth - City, State	Name of Hospital	
Name of Child as parents would like it to appear on birth certificate (First, Middle, Last)		

**SECTION II. MOTHER'S INFORMATION**

Name of Mother - First, Middle, Last		(Maiden Name)	Date of Birth - (Month, Day, Year)
Mother's Address		Mother's Phone Number	
Mother's Place of Birth - City, State	Race (Circle) American Indian, Black, White, Asian If Other, List:		Mother's Social Security Number
Mother's Employer - Name & Address		Mother's Occupation	
Was Mother Married at Time of Birth Circle One: Yes No	If Yes, Name and Address of Husband (or Ex-husband if marriage ended within 300 days of birth)		
Does Mother Have Health Insurance Circle One: Yes No	If Yes, Name of Insurance Company and Policy No.		State Medicaid: Circle One: Yes No

**SECTION III. FATHER'S INFORMATION**

Name of Father - First, Middle, Last		Date of Birth - (Month, Day, Year)
Father's Address		Father's Phone Number
Father's Place of Birth - City, State	Race (Circle) American Indian, Black, White, Asian If Other, List:	
Father's Employer - Name & Address		Father's Occupation
Father's Guardian (If Father under age 18) Print Name	Guardian's Address	Guardian's Signature
Does Father Have Health Insurance Circle One: Yes No	If Yes, Name of Insurance Company and Policy No.	

**MOTHER:** I certify that I am the MOTHER of the child named above and that all statements made herein are true and correct to the best of my knowledge. I am signing this Affidavit voluntarily and of my own free will. I acknowledge that the man named above is the biological father of my child. I give my consent to have his name appear on the Certificate of Birth of my child. I declare and affirm that I lived separate and apart from the legal presumptive father for a minimum of one hundred and eighty days prior to the time of conception and have not reconciled since the beginning of the one hundred and eighty-day period. I further acknowledge that I have received oral and written notice of the legal rights and consequences resulting from my acknowledging the paternity of my child and I understand this notice.

\_\_\_\_\_  
MOTHER'S SIGNATURE

\_\_\_\_\_  
WITNESS

State of Louisiana, Parish of \_\_\_\_\_

Signed and Affirmed before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
Signature then PRINT name of Notary

\_\_\_\_\_  
State Notary Registration Number

\_\_\_\_\_  
My Commission expires on

**FATHER:** I certify that I am the biological FATHER of the child named above and that all statements made herein are true and correct to the best of my knowledge. I have taken a DNA-based paternity test that demonstrates with at least 99.9% probability that I am the biological father of this child. I am signing this Affidavit voluntarily and of my own free will. I acknowledge that I have received oral and written notice of the legal rights and consequences resulting from my acknowledging the paternity of my child and I understand this notice.

\_\_\_\_\_  
FATHER'S SIGNATURE

\_\_\_\_\_  
GUARDIAN'S SIGNATURE (If Father under age 18)

\_\_\_\_\_  
WITNESS

State of Louisiana, Parish of \_\_\_\_\_

Signed and Affirmed before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
Signature then PRINT name of Notary

\_\_\_\_\_  
State Notary Registration Number

\_\_\_\_\_  
My Commission expires on

**HUSBAND/EX-HUSBAND OF THE MOTHER:** I certify that I was married to the mother of this child at the time of conception or birth; however, I am not the biological father. Further, I declare and affirm that I lived separate and apart from the mother for a minimum of one hundred and eighty days prior to the time of conception and have not reconciled with her since the beginning of the one hundred and eighty-day period.

\_\_\_\_\_  
HUSBAND'S/EX-HUSBAND'S SIGNATURE

\_\_\_\_\_  
WITNESS

State of Louisiana, Parish of \_\_\_\_\_

Signed and Affirmed before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
Signature then PRINT name of Notary

\_\_\_\_\_  
State Notary Registration Number

\_\_\_\_\_  
My Commission expires on

DISTRIBUTION OF COPIES: Original to Registrar of Vital Records, Copies to Child Support, Mother, Father & Husband/ Ex-husband.

## NOTICE OF ALTERNATIVES, RIGHTS AND RESPONSIBILITIES

This is a legal document. Signing the form is voluntary. Since this form has legal consequences, **YOU MAY WANT TO CONSULT AN ATTORNEY BEFORE SIGNING.** This is a sworn statement, under oath, and has legal consequences for the child and the parents.

This Acknowledgment of Paternity Affidavit is used to add the biological father to a child's birth certificate if the mother was married to someone other than the biological father at the time of the child's birth or if she had not been divorced at least 300 days prior to the child's birth.

When this acknowledgment is properly completed, signed, **and accompanied by certified results from a DNA-based paternity test that demonstrates paternity with at least 99.9% probability**, the biological father's name is entered on the birth certificate in place of the name of the husband of the mother and the man is presumed to be the father of the child under the law. This acknowledgment has the same effect as a court order of paternity for the purpose of child support, custody or visitation, but not for other legal purposes.

The use of this affidavit is limited to cases where the husband and the mother lived separate and apart continuously for a minimum of one hundred and eighty days prior to the conception of the child and have not reconciled since the beginning of the one hundred eighty-day period. This affidavit cannot be used if the agreement of any party cannot be obtained or if the parties cannot meet the statutory requirements and a court must establish paternity in accordance with R.S.40:46.1 in order for the biological father's name to be added to the birth certificate.

### POTENTIAL LEGAL EFFECTS FOR ALL PARTIES

**for the CHILD:** Rather than have legal rights from both the Father and the Husband/Ex-husband, signing this form may impact your child's legal rights against the Husband/Ex-husband in favor of the Father in many different areas, including the following:

- Child support
- Custody and visitation
- Inheritance rights
- Legal rights of action in personal injury claims

**For the MOTHER:** Signing this form may impact the mother in many different areas, including the following:

- Child and Spousal support
- Custody and visitation
- Grounds for divorce
- Administration of the child's estate

**For the FATHER:** Signing this form may impact the father in many different areas, including the following:

- Child support obligation
- Custody and visitation
- Inheritance rights
- Legal rights of action in personal injury claims

**For the HUSBAND/EX-HUSBAND:** Signing this form may relieve the husband/ex-husband of legal obligations, or relinquish his legal rights, in many different areas, including the following:

- Child support
- Custody and visitation
- Inheritance rights
- Legal rights of action in personal injury claims

To indicate that you have read and understood this notice of alternatives, rights and responsibilities, please initial below. If you require further assistance, you may call us at (504) 593 - 5100

Mother's Initials \_\_\_\_\_

Father's Initials \_\_\_\_\_

Husband/Ex-Husband's Initials \_\_\_\_\_