

DEPT. OF HEALTH AND HUMAN SERVICES

Division of Children and Family Services

ACKNOWLEDGMENT OF PATERNITY

Paternity Establishment / Birth Certificate Amendment

Nebraska law provides for the listing of the name of the father on the birth record of a child born out of wedlock. (IF THE PARENTS LATER MARRY, A NEW BIRTH CERTIFICATE MAY BE FILED FOR THE CHILD.) Contact Vital Records for instructions. Both parents must sign this form in presence of a notary public.

BIRTH CERTIFICATE MAY BE FILED FOR T	-			s must sign	this form in pres	sence of a notary public	
		SECT	TON I				
PLEASE PRINT LEGIBLY							
We hereby acknowledge that			/	/			
(legal name of father)	First		Middle	,	Last	Suffix	
is the biological father of:	First		/Middle	/	14		
(name of child)	FIRST		Milagie	,	Last	Suffix	
born to(legal name of mother)	First		/Middle	/		not .	
, -				Last			
NATE All the second to the second the seal of the seal of			ION II				
We, the parents, request that the chi							
We consent to entering the name of] No			
We further state that the child, mother	er, father's personal st	atistic	s are as follows:				
CHILD'S PERSONAL STATISTICS	S:						
Sov: D Mala D Famala			Date of Birth (Month/Day/Year)				
Sex: Male Female							
Location of Birth - Facility name (If n	ot institution, give stre	et ado	dress)				
	la :		la		1		
City, Town, or Location of Birth	County		State		Zip Code		
MOTUEDIC DEDCOMAL CTATICT	100:						_
MOTHER'S PERSONAL STATIST	105:		Casial Casumity Number		Doto of Div	th /Manth/Day/Va	
Maiden (Last) Name			Social Security Number		Date of Birth (Month/Day/Year)		
Current Residential Address (Numbe	er and Street)						_
Ourient (Coldennal Address (Nambe	and otrooty						
City	State	State Zi		Zip Code		Phone	
			'				
FATHER'S PERSONAL STATISTI	CS:						
Social Security Number			Date of Birth (Month/Day/Year)				
Birthplace, City			State Or if no		ot USA - Territory or Foreign Country		
Owner t Desidential Address (News)							
Current Residential Address (Number	er and Street)						
City	State		Zip Code		Phone		
Oity	Otate		Zip Code		I none		
		SECT	ION III				
Answer the following:							
Name of Parent, Guardian or Agency							
Was mother previously married?							
If yes, marriage ended by (please ch				Death			
Date marriage ended (if divorced, given	e date decree becam	ne fina	1):				-
		SECTI	ION IV				
We have read and understand <u>BOTH SIDES</u> of this							
acknowledging paternity orally or through the use of Nebraska that the information listed above is true ar			declare under penalty of prosec	ution for prov	riding false informa	ation under the laws of	
Mother			Father				
							_
Mathada Signatura	Dete		Eathor's Cianatura			Data	_
Mother's Signature Date			Father's Signature Date				
Acknowledgement State of County of The			Acknowledgement State of County of The				
State of, County ofThe Foregoing instrument was acknowledged before me this			State of, County ofThe Foregoing instrument was acknowledged before me this				
		·			-		
day of,, by(Name of	person acknowledged)		day of,	, Dy(Name of person a	icknowledged)	-
(Notary Public signature)			(Notary Public signature)				

SECTION V

Section 43-1408.01 provides that you be given the following information:

Parental Rights and Responsibilities

Signing this form is voluntary. Since this form has legal consequences, you may want to consult an attorney before signing.

If you sign this document you have taken the first step in establishing your child's legal paternity. Paternity means fatherhood. This form creates a legal rebuttable presumption of paternity. This means if a court action has begun to legally establish paternity, the court will presume the man who signed this voluntary acknowledgment is the father unless he proves he is not the father.

Either signatory may rescind this acknowledgment within 60 days of signing or at a hearing, whichever occurs first. If not rescinded, the acknowledgment will be considered a legal finding, which may be challenged in a court of law and only on the basis of fraud, duress, or material mistake of fact.

Both parents are required by law to support their child from birth. If your child does not live with you, you may be ordered by the court to pay child and medical support until the child's nineteenth (19th) birthday.

This acknowledgment may be filed in court and serve as basis for obtaining an order for support.

A parent who does not live with the child may have the right to visit the child as you both agree or as ordered by the court.

This acknowledgment may also be filed in court and serve as a basis for obtaining orders of custody and visitation.

By signing this form you are acknowledging paternity. However, your right to receive formal notification of any future adoption proceedings involving this child is NOT preserved by the signing of this form. In order to preserve your right to receive formal notice of any future adoption proceeding, you must promptly file a Paternity Claim for Notification Purposes or a Notice of Intent to Claim Paternity and Obtain Custody form with the Nebraska Department of Health and Human Services, Vital Records Management.

FOR MORE INFORMATION ABOUT ESTABLISHING PATERNITY, CONTACT THE CHILD SUPPORT ENFORCEMENT OFFICE IN YOUR COUNTY, OR YOUR LOCAL COUNTY ATTORNEY.

SECTION VI

YOU SHOULD NOT USE THIS FORM IF THE MOTHER WAS MARRIED AT THE TIME OF EITHER CONCEPTION, BIRTH OR ANYTIME BETWEEN, OR IF A FATHER IS CURRENTLY LISTED ON THE BIRTH CERTIFICATE. CONTACT VITAL RECORDS MANAGEMENT FOR INFORMATION ON HOW TO CHANGE THE BIRTH CERTIFICATE.

IF YOU DO NOT SIGN THIS FORM AT THE HOSPITAL and you want the father's name shown on the birth certificate -

- (1) Both parents must sign this form in the presence of a notary public;
- (2) Mail this signed and notarized form to:

Vital Records Management P.O. Box 95065 Lincoln, NE 68509 (402) 471-2871

If birth occurred in Douglas County, mail this signed and notarized form to:

Vital Statistics Section Douglas County Health Department 1819 Farnam St., RM H-01 Omaha, NE 68183 (402) 444-7205

(3) Enclose the appropriate fee with this form. A fee is required by statute for amending the birth record and for each certified copy of the amended record that is requested. Please visit the Vital Records Management website at: http://dhhs.ne.gov/publichealth/Pages/vitalrecords_services.aspx or contact Vital Records Management at 402-471-2871 for current fees and instructions.

If you do not want the father's name on the birth certificate but want this acknowledgement filed at Vital Records management, do not enclose the fee.

Privacy Act of 1974 Notice: Disclosure of your social security number, and the social security numbers of your child(ren), is required by federal law 42 U.S.C. 666 (a) (13). Child Support Enforcement will use these social security numbers only for the purpose of establishing and enforcing support.