STATE OF ALABAMA
AFFIDAVIT OF PATERNITY

SECTION I. CHILD'S INFORMATION

Name of Child - First	Middle	Last	Date of Birth - (Month, Day, Year)
Place of Birth - City, State	County		Name of Hospital

SECTION II. MOTHER'S INFORMATION

Legal Name of Mother - First	Middle	Last	(Maiden "Last" Name)
Mother's Address			Date of Birth - (Month, Day, Year)
Mother's Place of Birth - City, State			Mother's Social Security Number

SECTION III. FATHER'S INFORMATION

Name of Father - First	Middle	Last	Date of Birth - (Month, Day, Year)
Father's Address			Father's Social Security Number
Father's Employer Name & Address			Medical Insurance Circle One: Yes No
Insurance Policy Number			

BOTH PARENTS MUST SIGN BEFORE A NOTARY PUBLIC

I, being first duly sworn, acknowledge that I am the natural mother of the child named above and that to the best of my information, knowledge, and belief, _____ is the natural father of this child; I understand that execution of this document creates a legal finding of paternity that the man named above is the father of my child; I understand that any signatory has the right to rescind this affidavit within the earlier of 60 days or the date of an administrative or judicial proceeding relating to the child including a proceeding to establish child support; I understand that after the 60 day period, this document may be challenged in court only on the basis of fraud, duress, or material mistake of fact with the burden of proof upon the challenger, and the legal responsibilities including child support obligations arising from the acknowledgment may not be suspended during the challenge except for good cause shown; I understand that this affidavit may be used to include the father's name on the child's birth certificate; I have received written materials that explain the rights and responsibilities that this affidavit of paternity confers upon the father of this child, and with an understanding of same I voluntarily sign this affidavit of my own free will.

_____
Mother's Signature

Type of ID: _____

State of _____, County of _____

Subscribed and sworn before me on _____ day of _____, 20____.

Signature of Notary Public: _____

My Commission expires on _____

(SEAL)

I, being first duly sworn, acknowledge that I am the natural father of this child and I understand that execution of this document creates a legal finding of paternity which will affect my legal rights under the laws of Alabama. I understand that any signatory has the right to rescind this affidavit within the earlier of 60 days or the date of an administrative or judicial proceeding relating to the child including a proceeding to establish child support; I understand that after the 60 day period, this document may be challenged in court only on the basis of fraud, duress, or material mistake of fact with the burden of proof upon the challenger, and the legal responsibilities including child support obligations arising from the acknowledgment may not be suspended during the challenge except for good cause shown; I understand that this affidavit may be used to include my name as the natural father on the child's birth certificate; I understand that the document once signed and notarized may be used to obtain an order of financial and medical support and that, absent a court order to the contrary, I will be legally responsible for providing said support until the child reaches the age of majority, dies, marries, or becomes otherwise emancipated; I understand that I may be responsible for payment of birth expenses; I have received and read or have had read to me written materials that explain the rights and responsibilities that signing this affidavit confers upon me and I understand these rights and responsibilities and voluntarily accept them.

_____
Father's Signature

Type of ID: _____

State of _____, County of _____

Subscribed and sworn before me on _____ day of _____, 20____.

Signature of Notary Public: _____

My Commission expires on _____

(SEAL)

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