

STATE OF COLORADO VOLUNTARY ACKNOWLEDGEMENT OF PATERNITY

This is a legal document which will be used to add the father's information to the child's certificate of birth. The information must be printed clearly and in black ink. Crossouts and/or white out are not acceptable. Please read the reverse of this document for the legal advisement and further information.

INSTRUCTIONS

1. If the mother was not married at the time of conception or birth or any time between, the mother and natural father must complete Sections A, B, and C of this form.
2. If the mother was married at the time of conception or birth or any time between, and the husband is not the natural father, the mother and natural father must complete Sections A, B, and C and the mother and husband or ex-husband must complete Section D.
3. If the mother was married at the time of conception or birth or any time between, and is refusing to list a father, the mother must complete Sections A & D. In Section D, write "refused" across the (ex) husband's area.

CHILD

Section A	First Name at birth		Middle Name		Last Name(s)		Title (Jr., III, etc.)	
	Sex	Date of Birth: Month	Day	Year	City of birth	County of birth	State of birth Colorado	
	We agree the child's name shall now be shown on the birth certificate as ▶		First Name		Middle Name		Last Name(s)	

MOTHER

Section B	▼ <i>Mother's full name before 1st marriage (maiden)</i>							
	First Name		Middle Name		Maiden Last Name(s)			
	Street Address			City	County	State	Zip Code	
	Daytime Telephone Number ()		Social Security Number		Date of Birth	State or Country of Birth		
	I have been provided with written and oral advisements of my rights and responsibilities. I freely sign this Acknowledgement of Paternity. I understand this Acknowledgement of Paternity will be a legal finding of paternity in 60 days or when a legal action concerning the child and me is filed, whichever comes first.							

Signature of Mother: _____ Date: _____

Name of Witness (please print):	Address of Witness:	Daytime Telephone Number of Witness ()
Signature of Witness: _____		Date: _____

FATHER

Section C	First Name		Middle Name		Last Name(s)		Title (Jr., III, etc.)	
	Street Address			City	County	State	Zip Code	
	Daytime Telephone Number ()		Social Security Number		Date of Birth	State or Country of Birth		
	Education (specify highest grade completed)		Race (American Indian, Black, Native Hawaiian/Pacific Islander, White, etc):		Hispanic Origin? (yes or no) If yes, specify (Mexican, Puerto Rican, Spanish, Cuban, etc.):			
	I acknowledge that I am the natural father of the child identified above. I request that my name be entered on the birth certificate as father of this child.							
	I have been provided with written and oral advisements of my rights and responsibilities. I freely sign this Acknowledgement of Paternity. I understand this Acknowledgement of Paternity will be a legal finding of paternity in 60 days or when a legal action concerning the child and me is filed, whichever comes first.							

Signature of Father: _____ Date: _____

Name of Witness (please print):	Address of Witness:	Daytime Telephone Number of Witness ()
Signature of Witness: _____		Date: _____

HUSBAND OR EX-HUSBAND

Section D	I acknowledge that I was married to the mother identified above at the time of conception or birth or any time between of the child identified above, and I am NOT the natural father of this child.							
	Signature of Husband or Ex-husband: _____				Date: _____			
	Name of Witness (please print):			Address of Witness:		Daytime Telephone Number of Witness ()		
	Signature of Witness: _____				Date: _____			
	I acknowledge that I was married to the man named above at the time of conception or birth or any time between of the child named above; however, he is NOT the natural father of this child.							

Signature of Mother: _____ Date: _____

Name of Witness (please print):	Address of Witness:	Daytime Telephone Number of Witness ()
Signature of Witness: _____		Date: _____