The Mother must read this section:

I, the above named mother of the child, make the following statements voluntarily and under oath:

1. I have had access to written and oral information regarding my rights and responsibilities as parent. Having been informed of these rights and responsibilities, I understand and freely accept them, including the duty to support my child.
2. I have read and understood the advisement of rights and I freely give up my right to contest paternity of the child.
3. I am the natural (biological) mother and I agree that the man whose signature appears on the Voluntary Establishment form is the natural (biological) father of the subject child, and the information I have provided in this Voluntary Establishment is true and correct to the best of my knowledge.
4. I understand that I can cancel or revoke this Voluntary Establishment of Paternity by completing and filing a rescission with the Department of Health within 60 days from the signing of this Declaration. Once the 60-day period expires, only a court can do a rescission.
5. I understand that the Department of Health will not be responsible to notify the other parent of this rescission.
6. I understand that this is a legally binding document. It is the same as a court order determining the father and child relationship. This means that the father will have the same rights and responsibilities with regard to the child as I have.
7. I was not legally married to anyone at the time of the birth of *the* child or during the 300 days before the birth.
8. I have read and understand both sides of this Voluntary Establishment of Paternity form and the information provided is true and correct to the best of my knowledge

The Father must read this section:

I, the above named father of the child, make the following statements voluntarily and under oath:

1. I have had access to written and oral information regarding my rights and responsibilities as parent. Having been informed of these rights and responsibilities, I understand and freely accept them, including the duty to support my child.
2. I have read and understood the advisement of rights and I freely give up my right to contest paternity of the child.
3. I am the natural (biological) father of the subject child, and the information I have provided in this Voluntary Establishment form is true and correct to the best of my knowledge.
4. I understand that this is a legally binding document. It is the same as a court order that determines that I am the father of the child. This means that I have the same rights and responsibilities with regard to the child as the mother has.
5. I understand that I can cancel or revoke this Voluntary Establishment of Paternity by completing and filing a rescission with the Department of Health within 60 days from the signing of this Declaration. Once the 60-day period expires, only a court can do a rescission.
6. I understand that the Department of Health will not be responsible to notify the other parent of this rescission.
7. I have read and understand both sides of this Voluntary Establishment of Paternity form and the information provided is true and correct to the best of my knowledge.

Signature of Natural Mother (Legal Name) Made under Oath *Date*

Signature of Natural Father Made Under Oath *Date*

Witnessed *by (Signature of Hospital Staff/Authorized Birthing Attendant)* *Date*

Witnessed by *(Signature of Hospital Staff/Authorized Birthing Attendant)* *Date*

Print Name and Title of Witness

Print Name and Title of Witness

V. AUTHORIZED PERSON ASSISTING WITH PATERNITY ESTABLISHMENT

The parents have been provided information about the purpose of this Establishment, information about their rights and responsibilities, and directions on how to complete this Establishment.

(PRINT) NAME AND TITLE OF PERSON ASSISTING

*NOTE: THE FULL NAME DECLARED ON THIS FORM BECOMES THE CHILD'S LEGAL NAME(S); IT CANNOT BE CHANGED OR ALTERED EXCEPT BY A COURT ORDER, LIEUTENANT GOVERNOR'S LEGAL CHANGE OF NAME ORDER, OR UPON MARRIAGE OF THE NATURAL PARENTS LISTED ABOVE. *(NOTE: NATURAL PARENTS MUST MEET ALL REQUIREMENTS. TO FIND OUT IF YOU QUALIFY, CONTACT THE VITAL STATISTICS OFFICE-CORRECTIONS SECTION AT 586-4541).*

SAMPLE

STATE OF HAWAII
Department of Health

Office of Health Status Monitoring
Vital Statistics Office/Registration-Corrections

VOLUNTARY ESTABLISHMENT OF PATERNITY BY PARENTS BC#:

I. ADVISEMENT OF RIGHTS AND RESPONSIBILITIES TO NATURAL PARENTS OF CHILD

The natural parents are put on notice that they are not required to sign this document. If they sign it, however, it will be assumed that their signature was freely and voluntarily given. The natural parents also have the right to consult a lawyer before signing this document. They have a right to have genetic testing to determine paternity, and the right to have paternity of the child determined by a judge in a legal proceeding. By signing this document the natural parents voluntarily give up these rights. The legal authority for voluntarily establishing paternity is provided by section 584-3.5 Hawaii Revised Statutes.

H. INFORMATION PROVIDED BY NATURAL PARENTS FOR NEW OR AMENDED BIRTH CERTIFICATE

A. We, the parents of the child, request that the *Name of the Child on the birth certificate be:

• CHILD'S FULL NAME: *(First)*				
(Middle-no initials)				
(Last)				
PLACE OF BIRTH: *(City)*	*(County)*	*(State)* HAWAII	DATE OF BIRTH: *(Month/Day/Year)*	

B. Marital Status.

• The mother was not legally married to anyone at the time of the birth of the child or during the 300 days before the birth and the natural parents are not legally married to each other at this time.

Was mother married at anytime before the birth of this child? Yes O No O If yes, please answer the following regarding the marriage:

Termination by O Death O Divorce

Date of death or divorce _____ *(Month/day/year)* at _____ *(City, State or Foreign Country)*

C. Information About Natural Mother: Mother's Place of Birth:

First Name

Middle Name (no Initials)

Last Name Maiden: Legal Name:

No. & Street Or P.O. Box

City, State, Foreign Country

Social Security No. Verified O SSN: Date of Birth:

D. Information About Natural Father: Father's Place of Birth: _____

First Name _____

Middle Name (no Initials) _____

Last Name _____

No. & Street Or P.O. Box _____

City, State, Foreign Country _____

Social Security No. Verified O SSN: Date of Birth: _____

Active Military? _____ If yes, what branch of service: _____

Race:

Spanish Origin? Yes O No O

If yes, specify *Cuban* O *Mexican* O *Puerto Rican* O *Central/South American* O *Other and unknown Spanish Origin* O

Education:

(Specify highest grade completed) 0 Elementary (0-8) O High School *(9-12)* O College (14 or 5+)

Date VEP Filed:

SAMPLE