

VOLUNTARY PATERNITY AFFIDAVIT

PLEASE READ THE OTHER SIDE OF THIS FORM BEFORE COMPLETING THE FOLLOWING INFORMATION ALL ITEMS MUST BE ANSWERED

For State Vital Records Office Use Only	
Docket #	_____
Certificate #	_____
Facility Code #	_____
Date Completed	_____

CHILD

CHILD'S INFORMATION AS SHOWN ON BIRTH CERTIFICATE

Child's Name First _____ Middle (if any) _____ Last (surname) _____		Suffix (Jr II III IV V) _____	
Sex Female (circle one) Male _____	Birth Date (Month Day Year) _____	City and County of Birth _____	Name of Hospital or Address of Home Birth _____

CHILD'S LAST NAME (surname) AFTER PATERNITY – Do not leave blank You may keep it the same as on the birth certificate change it to the father's or add the father's last name to it

FATHER

Father's Name First _____ Middle (if any) _____ Last (surname) _____		Suffix (if any (Jr Sr I II III IV V)) _____		Birth Date (Month Day Year) _____	
State or Foreign Country of Birth _____		Education (Highest Grade Completed) _____		Hispanic Origin (Write None or Specify Origin) _____	
Race (Specify) _____		Social Security Number (Write None or Specify) _____		Address (Street Address AND P O Box) _____ (City Town or Location) _____ (State and Zip Code) _____	

MOTHER

Mother's Name First _____ Middle _____ Last (maiden name) _____ Before Any Marriage _____ Current Last Name (surname) _____			
Address (Street Address AND P O Box) _____ (City Town or Location) _____ (State and Zip Code) _____			
Birth Date (Month Day Year) _____	State or Foreign Country of Birth _____	Social Sec No (Write None or Specify) _____	Daytime Phone (include Area Code) _____

SAMPLE

MOTHER Check the one statement below that best describes the mother's marital status at the time of this child's conception birth or any time between

- I was **not** legally married to anyone
- I **was** legally married to someone other than the father of this child As required by Iowa law a certified copy of a court order is attached to this affidavit and it rules that the man to whom I was legally married is not the father of this child
- I was **not** legally married However I have since legally married the father of this child As required a certified copy of our marriage record (which will be returned to me) is attached
- I was legally married to the father of this child As required a certified copy of our marriage record (which will be returned to me) is attached

AFFIRMATION Each parent must sign and date this form in the presence of an authorized notary public Notary completes and signs below

FATHER I affirm that I understand that signing this paternity affidavit is voluntary and that I understand my rights responsibilities alternatives and consequences I further acknowledge that I am the biological father of the above named child and do hereby give my permission to enter my name as the legal father on the birth certificate I affirm that the above is true and accurate

MOTHER I affirm that I understand that signing this paternity affidavit is voluntary and that I understand my rights responsibilities alternatives and consequences I am the birth mother of the above named child and do hereby give my permission to enter the biological father's name as the legal father on the birth certificate I affirm that the above is true and accurate

Father's Signature _____	Date Signed _____
State of _____ County of _____ ss _____	
Signed and affirmed in my presence _____ <small>Write name exactly as appears on father's photo I D</small>	

Mother's Signature _____	Date Signed _____
State of _____ County of _____ ss _____	
Signed and affirmed in my presence _____ <small>Write name exactly as appears on mother's photo I D</small>	

Notary Public's Signature _____	Date Signed _____
Notary Address & Expiration _____	

Notary Public's Signature _____	Date Signed _____
Notary Address & Expiration _____	

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
Bureau of Vital Records

VOLUNTARY PATERNITY AFFIDAVIT

This Voluntary Paternity Affidavit is a legal action
Once it is processed, you must get a court order to change any information that you provided on the form

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE COMPLETING THIS FORM

- ESTE FORMULARIO SIRVE PARA AGREGAR EL NOMBRE DEL PADRE EN EL CERTIFICADO DE NACIMIENTO DE NIÑO PARA MAYOR INFORMACION POR FAVOR LLEVE ESTE FORMULARIO A UN INTERPRETE (This form is to add the father's name onto the child's birth certificate For more information please take this form to an interpreter)
- Iowa law states that completing and filing a voluntary paternity affidavit with the Iowa Department of Public Health legally establishes paternity for a child born to parents who are not legally married to each other
- There is no age limit and no fee for filing a voluntary paternity affidavit
- Legal paternity establishment provides many benefits for you and the child. It also creates legal responsibilities and means the father is committing to support the child
- Your rights, responsibilities and benefits are explained in the informational material provided with this affidavit. Please read it carefully before you sign this affidavit. By signing this affidavit you are saying that you have read and understand your rights and responsibilities. Ask for assistance if you do not understand the consequences of signing this affidavit
- By signing you are saying that you have received and read these instructions and have provided true and accurate information that is legally binding

- **CHILD'S LAST NAME (surname) AFTER PATERNITY** You must state what the child's legal last name (surname) will be after the paternity affidavit is filed. Iowa law gives you only three choices: 1) leave the child's last name the same as on the current birth certificate 2) change the child's last name to the same as the father's last name or 3) IF the child's last name is currently the same as the mother's, add the father's last name to it for a 2-word hyphenated last name
- Both of you must show current, government-issued photo identification and sign this form in front of a notary public. All signatures must be clear and legible
- The Affidavit will not be accepted unless
 1. The mother's full name is exactly the same in four places: as provided on the child's birth worksheet, in the mother's section of the Affidavit form, on her photo ID, and her signature
 2. The father's full name is exactly the same in three places: in the father's section of the Affidavit form, on his photo ID, and his signature
- Either of you may cancel this affidavit by completing and filing a Recision of Paternity Affidavit form with the state Bureau of Vital Records. You have 60 days from the date of the last notarized signature on this form or until a court order is entered regarding this child, whichever is the earlier.
Contact the Bureau at 515-281-4944 and ask for the paternity clerk to obtain a recision form

TO PREVENT DELAY—Type or print legibly in black ink. Do not send in a photocopy of this form. Affidavits will be rejected that are not fully completed, not signed on the original form supplied by the Iowa Department of Public Health or that contain cross-outs, correction fluid, or erasures. **All lines must be filled in**

Send completed form with appropriate attachments to the

Iowa Department of Public Health
Bureau of Vital Records
321 E. 12th Street, Lucas Bldg. 1st Floor
Des Moines, IA 50319-0075

Parents are responsible for returning certified copies of the child's birth certificate in order to get a replacement if the certificate was issued before the paternity affidavit was processed. Changes other than corrections of obvious typographical errors made by the Bureau of Vital Records will require a court order.