

**ACKNOWLEDGMENT OF  
PATERNITY AFFIDAVIT**

State of \_\_\_\_\_ **AFFIDAVIT FOR THE BIOLOGICAL FATHER TO COMPLETE**  
County of \_\_\_\_\_

I, \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) being first duly sworn, depose and say: that I am the biological father of \_\_\_\_\_, a child born on/to be born on or about \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ at

\_\_\_\_\_ (Hospital or Address) \_\_\_\_\_ (City) \_\_\_\_\_ (County), Idaho, to \_\_\_\_\_ (Mother's Maiden Name)

I was born on \_\_\_\_\_ (Month) / \_\_\_\_\_ (Day) / \_\_\_\_\_ (Year) in the state of \_\_\_\_\_

I consent to the recording of my name, date, and place of birth on the birth certificate of the above-described child. I request that the birth certificate be prepared to show the child's name as \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last)

I further state that I have received written and oral notice of the **Rights and Responsibilities** of acknowledging paternity.

SIGNED \_\_\_\_\_ (Biological Father) ADDRESS \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_

SEAL

Notary Public \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_

State of \_\_\_\_\_ **AFFIDAVIT FOR THE MOTHER TO COMPLETE**  
County of \_\_\_\_\_

I, \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_ (Maiden) being first duly sworn, depose and say: that I am the mother of \_\_\_\_\_, a child born on/to be born on or about \_\_\_\_\_ (Month) / \_\_\_\_\_ (Day) / \_\_\_\_\_ (Year) at

\_\_\_\_\_ (Hospital or Address) \_\_\_\_\_ (City) \_\_\_\_\_ (County), Idaho, and that \_\_\_\_\_ (Biological Father's Name)

is the biological father of this child.

I was born on \_\_\_\_\_ (Month) / \_\_\_\_\_ (Day) / \_\_\_\_\_ (Year) in the state of \_\_\_\_\_

I acknowledge that the man named above is the biological father of my child. I consent to the recording of his name, date, and place of birth on the birth certificate of the above-described child.

I request that the birth certificate be prepared to show the child's name as \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last)

I also declare and affirm that I was NOT  married at the time of either conception or between conception and birth of this child, or that I WAS  married to someone other than the above-named father at conception or between conception and birth of this child.

I further state that I have received written and oral notice of the **Rights and Responsibilities** of acknowledging paternity.

SIGNED \_\_\_\_\_ (Mother) ADDRESS \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_

SEAL

Notary Public \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_

**COMPLETE THIS SECTION ONLY IF THE MOTHER WAS MARRIED AT CONCEPTION OR BETWEEN CONCEPTION AND BIRTH OF THIS CHILD  
TO THE MOTHER AND LEGAL FATHER (HUSBAND)**

When you sign this affidavit, you agree that the legal father (husband) will have **NO** parental rights and responsibilities to this child. You give your permission that the biological father and this child will have the legal relationship of parent and child. You agree the biological father will have all the rights and responsibilities of a legal parent to this child. Do not sign this affidavit if you do not understand it, if you have any questions, or if you want to talk to your attorney before signing.

I, \_\_\_\_\_ (Husband's Full Name) being first duly sworn, depose and say: that I am/was married to \_\_\_\_\_ (Mother's Maiden Name) at the time of conception or birth of a child born on/to be born on

or about \_\_\_\_\_ (Month) / \_\_\_\_\_ (Day) / \_\_\_\_\_ (Year) but I am **NOT** the biological father of this child. I request that my name not be listed on the birth certificate.

SIGNED \_\_\_\_\_ (Husband) ADDRESS \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

SEAL

Notary Public \_\_\_\_\_  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_