

State of Maryland
AFFIDAVIT OF PARENTAGE

SEND White Copy and Yellow Copy To:
 Department of Health and Mental Hygiene, Division of Vital Records
 P.O. Box 68760
 Baltimore, MD 21215-0020

DVR USE ONLY

IMPORTANT NOTICE TO PARENTS

1. **A completed Affidavit of Parentage is a legal document and constitutes a legal finding of paternity.**
2. Completion of the Affidavit is voluntary. Do not complete this Affidavit until you have read or have had read to you, the instructions for completion and the notice regarding your rights and responsibilities.
3. The Affidavit may not be signed by the biological mother if she was legally married at the time of conception or birth of the child. The Affidavit may be signed by the father regardless of his marital status.
4. If either of you is not sure that the man signing the Affidavit is the biological father of the child, you should not complete the Affidavit at this time. You should first have a genetic test. Genetic testing can provide certainty if you have any doubts regarding the parentage of the child.
5. If you are under the age of eighteen (18), you may complete the Affidavit without the permission of an adult or legal guardian. You may want to seek the advice of a parent or legal guardian before signing this form.
6. This Affidavit creates legal rights and obligations relating to your child, and may impact custody, child support and visitation. Therefore, it may be beneficial to talk to a lawyer before signing the Affidavit.

Child

NAME - FIRST	MIDDLE	LAST
DATE OF BIRTH (MONTH, DAY, YEAR)	PLACE OF BIRTH (CITY, COUNTY, STATE)	HOSPITAL

Mother

NAME - FIRST	MIDDLE	LAST
DATE OF BIRTH (MONTH, DAY, YEAR)	CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP, COUNTY)	
SOCIAL SECURITY NUMBER*	* MY INITIALS IN THIS BOX CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER	AREA CODE AND PHONE NUMBER

Father

NAME - FIRST	MIDDLE	LAST
DATE OF BIRTH (MONTH, DAY, YEAR)	CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP, COUNTY)	
SOCIAL SECURITY NUMBER*	* MY INITIALS IN THIS BOX CERTIFY THAT I DO NOT HAVE A SOCIAL SECURITY NUMBER	AREA CODE AND PHONE NUMBER

BEFORE SIGNING, READ OTHER SIDE OF THIS FORM

<i>I consent to the admission of paternity and acknowledge that the man named above is the only possible father of my child. I solemnly affirm under penalties of perjury that the contents of this affidavit are true and correct to the best of my knowledge, information, and belief. I understand that this affidavit will establish the paternity of my child and will authorize the entry of the father's name on my child's birth certificate. I have been given oral notice and have read or had read to me the notice regarding legal rights and responsibilities resulting from acknowledging paternity.</i>		<i>I acknowledge that I am the natural father of the child named above. I solemnly affirm under penalties of perjury that the contents of this affidavit are true and correct to the best of my knowledge, information and belief. I understand that this affidavit will establish paternity of the child and will authorize the entry of my name on the child's birth certificate. I have read or had read to me the notice regarding the legal rights and obligations resulting from acknowledging paternity. I understand that I am free to refuse to sign this admission of paternity.</i>	
SIGNATURE OF MOTHER	DATE SIGNED	SIGNATURE OF FATHER	DATE SIGNED

TO BE COMPLETED BY WITNESS(ES) AT THE HOSPITAL, CLINIC OR OTHER FACILITY OR A NOTARY

WITNESS/NOTARY (SIGNATURE and TITLE)	DATE WITNESSED	WITNESS/NOTARY (SIGNATURE and TITLE)	DATE WITNESSED
NAME OF HOSPITAL, CLINIC OR OTHER FACILITY		NAME OF HOSPITAL, CLINIC OR OTHER FACILITY	

DHR/CSEA 1040(Revised 3/2005) Previous editions are obsolete and should be destroyed.

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