THIS IS A LEGAL DOCUMENT. TYPE OR PRINT EVERYTHING EXCEPT YOUR SIGNATURE.
USE **BLACK** INK ONLY AND DO NOT ALTER

CHILD'S INFORMATION

CHILD'S NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH (MONTH/DAY/YEAR)
PLACE OF BIRTH (CITY, COUNTY, STATE)	HOSPITAL OF BIRTH

MOTHER'S INFORMATION

NAME (FIRST, MIDDLE, LAST)		MAIDEN	PLACE OF BIRTH (CITY, STATE)
DATE OF BIRTH (MONTH/DAY/YEAR)	SOCIAL SECURITY NUMBER	EDUCATION (HIGHEST GRADE COMPLETED)	RACE ☐ WHITE ☐ BLACK ☐ HISPANIC ☐ OTHER (SPECIFY):
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER	EMPLOYER

I HAVE RECEIVED WRITTEN AND ORAL NOTICE, AND I UNDERSTAND MY ALTERNATIVES, THE LEGAL CONSEQUENCES AND THE RIGHTS AND RESPONSIBILITIES THAT ARISE FROM SIGNING THIS AFFIDAVIT AS EXPLAINED ON PAGE 1 OF THIS AFFIDAVIT. I SWEAR I AM THE NATURAL MOTHER AND THE MAN NAMED BELOW IS THE BIOLOGICAL (NATURAL) FATHER OF THIS CHILD. I CONSENT TO THIS AFFIDAVIT. I REQUEST THAT THE FATHER'S NAME BE PLACED ON THIS CHILD'S BIRTH RECORD.

MUST BE SIGNED IN **PRESENCE** OF NOTARY **OR** TWO WITNESSES	MOTHER'S SIGNATURE (CURRENT LEGAL NAME)	DATE SIGNED

NOTARY PUBLIC EMBOSSER SEAL	STATE OF		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF		**USE RUBBER STAMP IN CLEAR AREA BELOW.**
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

WITNESS NUMBER ONE SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS
WITNESS NUMBER TWO SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS

FATHER'S INFORMATION

NAME (FIRST, MIDDLE, LAST)			PLACE OF BIRTH (CITY, STATE)
DATE OF BIRTH (MONTH/DAY/YEAR)	SOCIAL SECURITY NUMBER	EDUCATION (HIGHEST GRADE COMPLETED)	RACE ☐ WHITE ☐ BLACK ☐ HISPANIC ☐ OTHER (SPECIFY):
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER	EMPLOYER

I HAVE RECEIVED WRITTEN AND ORAL NOTICE, AND I UNDERSTAND MY ALTERNATIVES, THE LEGAL CONSEQUENCES AND THE RIGHTS AND RESPONSIBILITIES THAT ARISE FROM SIGNING THIS AFFIDAVIT AS EXPLAINED ON PAGE 1 OF THIS AFFIDAVIT. I SWEAR I AM THE BIOLOGICAL (NATURAL) FATHER OF THE CHILD NAMED ABOVE. I CONSENT TO THIS AFFIDAVIT. I REQUEST THAT MY NAME BE PLACED ON THIS CHILD'S BIRTH RECORD.

MUST BE SIGNED IN **PRESENCE** OF NOTARY **OR** TWO WITNESSES	FATHER'S SIGNATURE	DATE SIGNED

NOTARY PUBLIC EMBOSSER SEAL	STATE OF		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF		**USE RUBBER STAMP IN CLEAR AREA BELOW.**
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

WITNESS NUMBER ONE SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS
WITNESS NUMBER TWO SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS

ANY FAX, PHOTO OR REPRODUCED COPIES OF THIS FORM WILL NOT BE ACCEPTED AND WILL BE RETURNED FOR THE ORIGINAL. WHITE-OUT, ERASURES AND TYPEOVERS OR WRITEOVERS ARE NOT ACCEPTABLE.

SAMPLE

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REQUEST TO CHANGE CHILD'S NAME

If you are completing this form after the birth certificate has been filed, you may change your child's last name by completing this section and page 3 of this Affidavit. The mother and father must both agree to the name change by signing below.

This is a one-time opportunity. A court order is required to change the child's last name after an Affidavit has been filed with the Bureau of Vital Records. This means you cannot complete this section of the form to change your child's last name if you have already filed an Affidavit with the Bureau of Vital Records.

CHILD'S NEW NAME (PLEASE PRINT)	FIRST	MIDDLE	LAST NAME

MOTHER'S SIGNATURE

FATHER'S SIGNATURE

DENIAL OF HUSBAND'S PATERNITY

If the mother was married at the child's conception, during the pregnancy or at the time of the child's birth, the husband/ex-husband is the presumed father unless court states otherwise and his name must be shown on the child's birth certificate **unless:** 1) the husband and the mother complete this section; **and** 2) the mother and the biological (natural) father complete page 3 of this Affidavit; and 3) you give this completed Affidavit to the hospital staff **before** the birth certificate is filed.

I AM THE HUSBAND OR EX-HUSBAND OF THE MOTHER SHOWN ON THIS AFFIDAVIT. I SWEAR I AM NOT THE BIOLOGICAL (NATURAL) FATHER OF THE CHILD ON THIS AFFIDAVIT.

MUST BE SIGNED IN **PRESENCE** OF NOTARY **OR** TWO WITNESSES	HUSBAND'S/EX-HUSBAND'S SIGNATURE	PRINT NAME	DATE SIGNED

NOTARY PUBLIC EMBOSSER SEAL	STATE OF		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF		**USE RUBBER STAMP IN CLEAR AREA BELOW.**
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

WITNESS NUMBER ONE SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS
WITNESS NUMBER TWO SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS

I WAS MARRIED DURING PART OR ALL OF MY PREGNANCY WITH THIS CHILD TO THE MAN WHOSE NAME IS SHOWN ABOVE. I SWEAR HE IS NOT THE BIOLOGICAL (NATURAL) FATHER OF THE CHILD ON THIS AFFIDAVIT.

MUST BE SIGNED IN **PRESENCE** OF NOTARY **OR** TWO WITNESSES	MOTHER'S SIGNATURE	PRINT NAME	DATE SIGNED

NOTARY PUBLIC EMBOSSER SEAL	STATE OF		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF		**USE RUBBER STAMP IN CLEAR AREA BELOW.**
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

WITNESS NUMBER ONE SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS
WITNESS NUMBER TWO SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS

SAMPLE