

**VOLUNTARY AFFIDAVIT OF PATERNITY FOR UNMARRIED PARENTS**

FULL NAME OF  
CHILD'S MOTHER:

\_\_\_\_\_  
(FIRST) (MIDDLE) (MAIDEN NAME) (PRESENT LAST NAME)

SOCIAL SECURITY NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MOTHER'S ADDRESS: \_\_\_\_\_  
(NO.) (STREET) (APT#) (CITY/TOWN) (STATE) (ZIP)

FULL NAME OF  
CHILD'S FATHER

\_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) (MOD)

SOCIAL SECURITY NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

FATHER'S ADDRESS: \_\_\_\_\_  
(NO.) (STREET) (APT#) (CITY/TOWN) (STATE) (ZIP)

WE UNDERSTAND THAT RHODE ISLAND LAW PROVIDES A PENALTY OF ONE THOUSAND DOLLARS (\$1,000) OR A ONE (1) YEAR IMPRISONMENT, OR BOTH, FOR FURNISHING FALSE INFORMATION TO GO ON A VITAL RECORD. BEING AWARE OF THIS PENALTY, WE HEREBY DECLARE THE FOLLOWING TO BE TRUE AND CORRECT:

THE MARITAL STATUS OF \_\_\_\_\_ IS AS FOLLOWS:  
(MOTHER'S PRESENT NAME)

(PLEASE CHECK ONE OF THE FOLLOWING BLOCKS AND COMPLETE ANY SPACES WHERE INFORMATION IS REQUESTED)

NEVER MARRIED  WIDOWED \_\_\_\_\_  
(DATE AND PLACE OF HUSBAND'S DEATH)

DIVORCED - THE DIVORCE BECAME FINAL ON \_\_\_\_\_ IN \_\_\_\_\_  
(DATE) (NAME OF STATE)

WE ARE THE NATURAL PARENTS OF THE \_\_\_\_\_ CHILD BORN ON \_\_\_\_\_ AT \_\_\_\_\_  
(MALE/FEMALE) (DATE) (NAME OF HOSPITAL)

HOSPITAL, LOCATED IN \_\_\_\_\_ (CITY/TOWN), \_\_\_\_\_ COUNTY, RHODE ISLAND, WHOSE NAME IS

\_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) (MOD)

\_\_\_\_\_ IS THE NATURAL FATHER, AND IS WILLING AND ABLE TO ASSUME  
(FATHER'S FULL NAME)

THE FINANCIAL RESPONSIBILITY FOR THE CHILD. WE WISH THE FATHER'S NAME TO APPEAR ON THE BIRTH CERTIFICATE AS FATHER OF SAID CHILD AND WE FURNISH THE FOLLOWING INFORMATION FOR THE FATHER TO APPEAR ON THE BIRTH CERTIFICATE:

DATE OF BIRTH: \_\_\_\_\_ BIRTHPLACE (STATE OR FOREIGN COUNTRY): \_\_\_\_\_ RACE: \_\_\_\_\_

WE DECLARE THE ABOVE TO BE TRUE AND CORRECT. WE UNDERSTAND THAT THIS VOLUNTARY AFFIDAVIT WILL BE FILED WITH THE RI DEPARTMENT OF HEALTH, THE DIVISION OF VITAL RECORDS, AND THE RI DEPARTMENT OF ADMINISTRATION, DIVISION OF TAXATION - CHILD SUPPORT ENFORCEMENT, AND THAT, ONCE FILED, WILL ESTABLISH THE PATERNITY OF THE CHILD AND SHALL HAVE THE SAME FORCE AND EFFECT AS AN ORDER OF PATERNITY ISSUED AFTER A COURT HEARING UNLESS THERE IS A COURT CHALLENGE WITHIN SIXTY (60) DAYS OF SIGNING. THIS AFFIDAVIT WILL AUTHORIZE THE ENTRY OF THE FATHER'S NAME ON THE CHILD'S BIRTH CERTIFICATE. WE HAVE READ OR HAVE HAD READ TO US THE NOTICE REGARDING THE LEGAL RIGHTS AND OBLIGATIONS RESULTING FROM ACKNOWLEDGING PATERNITY.

\_\_\_\_\_  
(SIGNATURE OF CHILD'S MOTHER)

\_\_\_\_\_  
(SIGNATURE OF CHILD'S FATHER)

SUBSCRIBED AND SWORN TO BEFORE ME IN \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.  
(STATE AND COUNTY)

\_\_\_\_\_  
NOTARY PUBLIC

COMMISSION EXPIRES: \_\_\_\_\_

*A0501 Rev 9/01*

\* ONCE THE LAST NAME IS SELECTED, COURT ACTION IS REQUIRED TO CHANGE THE NAME

DIVISION OF TAXATION -  
CHILD SUPPORT ENFORCEMENT