

Utah Department of Health
VOLUNTARY DECLARATION OF PATERNITY BY PARENTS

T-CERT NUMBER _____

STATE FILE NUMBER _____

PURPOSE: Biological parents may use this document to formally declare the paternity of their child without obtaining a court order.

BIRTH MOTHER STATEMENTS:

- I have been provided with verbal notice (recorded phone message or video) and I have received and read the written notice titled "Voluntary Declaration of Paternity: What You Should Know".
- I am not/have not been married to any man at the time of this child's birth or in the 300 days preceding the birth.
- I believe that the man listed below is the biological father of this child.
- No other man has been declared to be the father of this child in an order or by a separate declaration of paternity.
- I understand that I am obligated to provide financial and medical support for this child.

BIOLOGICAL FATHER STATEMENTS:

- I have been provided with verbal notice (recorded phone message or video) and I have received and read the written notice titled "Voluntary Declaration of Paternity: What You Should Know".
- I believe that I am the biological father of this child.
- To the best of my knowledge, no other man has been declared to be the father of this child in an order or by a separate declaration of paternity.
- I understand that I will be obligated to provide financial and medical support for this child.
- Have the birth mother, child, and biological father submitted to genetic testing? Yes No
If yes, are the results consistent with the biological father's declaration of paternity Yes No

NOTICE: THIS IS A LEGALLY BINDING DOCUMENT Any person who knowingly signs this form and falsely affirms biological parentage of the child or furnishes false or fraudulent information on this form does so under penalty of perjury and may be subject to criminal prosecution. By signing this form you agree to accept all legal obligations and responsibilities for the named child. After this declaration is filed, parental information cannot be changed again except by court order or adjudication of paternity, or rescission.

Birth Mother's Signature: _____

Birth Father's Signature: _____

IF EITHER PARENT IS UNDER THE AGE OF 18, THIS FORM MUST ALSO BE SIGNED BY HIS/HER PARENT OR LEGAL GUARDIAN IN THE APPROPRIATE SECTION ON THE SECOND PAGE.

INFORMATION AS REPORTED ON THE ORIGINAL CERTIFICATE	1. CHILD'S NAME (First, Middle, Last Suffix)				
	2. SEX	3. DATE OF BIRTH	4. PLACE OF BIRTH - City and County	5. FACILITY NAME (if not an institution, give street and number)	
	6. NAME OF MOTHER (First, Middle, Last)				
BIOLOGICAL FATHER	7. MOTHER'S DATE OF BIRTH				
	8. BIRTHPLACE OF MOTHER (State or Foreign Country)			9. MAIDEN LAST NAME OF MOTHER	
CHILD'S NAME	10. NAME OF BIOLOGICAL FATHER (First, Middle, Last)				
	11. BIOLOGICAL FATHER'S DATE OF BIRTH			12. BIRTHPLACE OF BIOLOGICAL FATHER (State or Foreign Country)	
MOTHER'S DECLARATION	13 CHILD SHALL BE KNOWN AS (First, Middle, Last Suffix)				
	I affirm, under penalty of perjury, that I am the person named above; that I am the birth mother of the listed child; that the man named as father is the biological father of this child; that I have read the notice and statements above; that I have been provided verbal and written notice of the legal consequences of and the alternatives to signing this declaration; and that I have provided this information voluntarily for the purposes stated above.				
	14. SIGNATURE OF MOTHER (sign <u>ONLY</u> in the presence of two witnesses)			15 COMPLETE ADDRESS OF MOTHER (Please Print Clearly)	
	16. DATE SIGNED		17. SOCIAL SECURITY NUMBER		
	18. SIGNATURE OF FIRST WITNESS (Must be at least 18 years old and not related by blood or marriage.)			19. SIGNATURE OF SECOND WITNESS (Must be at least 18 years old and not related by blood or marriage.)	
20. PRINTED NAME OF WITNESS			21. PRINTED NAME OF WITNESS		
BIOLOGICAL FATHER'S DECLARATION	I affirm, under penalty of perjury, that I am the person named above; that I am the biological father of the listed child conceived with the birth mother; that I have read the notice and statements above; that I have been provided verbal and written notice of the legal consequences of and the alternatives to signing this declaration; and that I have provided this information voluntarily for the purposes stated above.				
	22. SIGNATURE OF BIOLOGICAL FATHER (sign <u>ONLY</u> in the presence of two witnesses)			23. COMPLETE ADDRESS OF BIOLOGICAL FATHER (Please Print Clearly)	
	24. DATE SIGNED		25. SOCIAL SECURITY NUMBER		
	26. SIGNATURE OF FIRST WITNESS (Must be at least 18 years old and not related by blood or marriage.)			27. SIGNATURE OF SECOND WITNESS (Must be at least 18 years old and not related by blood or marriage.)	
	28. PRINTED NAME OF WITNESS			29. PRINTED NAME OF WITNESS	
STATE REGISTRAR	30. DATE REGISTERED			31. OFFICE OF THE STATE OR LOCAL REGISTRAR	

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DEFINITION OF PRESUMED FATHER	UTAH CODE: 78-45g-204. Presumption of paternity, denial of paternity. A man is presumed to be the father of a child if: (a) he and the mother of the child are married to each other and the child is born during the marriage; (b) he and the mother of the child were married to each other and the child is born within 300 days after the marriage is terminated by death, annulment, declaration of invalidity, or divorce or after a decree of separation; (c) after the birth of the child, he and the mother of the child married each other.		
DENIAL OF PATERNITY BY PRESUMED FATHER	By signing below, I am recognized as the "presumed father" under Utah Law. However, I affirm, under penalty of perjury, I am <u>NOT THE BIOLOGICAL FATHER OF THE CHILD ON PAGE ONE OF THIS DOCUMENT</u> . I have been provided verbal and written notice of the legal consequences of and the alternatives to signing this form.		
AFFIRMATION OF PARENT/LEGAL GUARDIAN OF A FATHER UNDER 18	32. SIGNATURE OF PRESUMED FATHER (sign <u>ONLY</u> in the presence of two witnesses) 35. PRINT NAME OF PRESUMED FATHER	33. DATE SIGNED	34. COMPLETE NAME AND ADDRESS OF PRESUMED FATHER
AFFIRMATION OF PARENT/LEGAL GUARDIAN OF A MOTHER UNDER 18	36. SIGNATURE OF FIRST WITNESS (Must be at least 18 years old and not related by blood or marriage.) 38. PRINTED NAME OF WITNESS	37. SIGNATURE OF SECOND WITNESS (Must be at least 18 years old and not related by blood or marriage.) 39. PRINTED NAME OF WITNESS	
AFFIRMATION OF PARENT/LEGAL GUARDIAN OF A FATHER UNDER 18	I affirm, under penalty of perjury, that I am the person named below; that I am the parent/legal guardian of a father under 18; that I have read the notice and statements on page one of this document; that I have been provided <u>verbal and written</u> notice of the legal consequences of and the alternatives to signing this form; and that I have provided this information voluntarily for the purposes stated on this form.		
AFFIRMATION OF PARENT/LEGAL GUARDIAN OF A MOTHER UNDER 18	I affirm, under penalty of perjury, that I am the person named below; that I am the parent/legal guardian of a mother under 18; that I have read the notice and statements on page one of this document; that I have been provided <u>verbal and written</u> notice of the legal consequences of and the alternatives to signing this form; and that I have provided this information voluntarily for the purposes stated on this form.		
AFFIRMATION OF SIGNATORY TO RESCINDING PATERNITY OR DENIAL OF PATERNITY	40. SIGNATURE OF PARENT/LEGAL GUARDIAN (sign <u>ONLY</u> in the presence of two witnesses) 43. PRINT NAME OF PARENT/LEGAL GUARDIAN	41. DATE SIGNED	42. COMPLETE NAME AND ADDRESS OF PARENT/LEGAL GUARDIAN
AFFIRMATION OF PARENT/LEGAL GUARDIAN OF A MOTHER UNDER 18	44. SIGNATURE OF FIRST WITNESS (Must be at least 18 years old and not related by blood or marriage.) 46. PRINTED NAME OF WITNESS	45. SIGNATURE OF SECOND WITNESS (Must be at least 18 years old and not related by blood or marriage.) 47. PRINTED NAME OF WITNESS	
AFFIRMATION OF PARENT/LEGAL GUARDIAN OF A MOTHER UNDER 18	48. SIGNATURE OF PARENT/LEGAL GUARDIAN (sign <u>ONLY</u> in the presence of two witnesses) 51. PRINT NAME OF PARENT/LEGAL GUARDIAN	49. DATE SIGNED	50. COMPLETE NAME AND ADDRESS OF PARENT/LEGAL GUARDIAN
AFFIRMATION OF PARENT/LEGAL GUARDIAN OF A MOTHER UNDER 18	52. SIGNATURE OF FIRST WITNESS (Must be at least 18 years old and not related by blood or marriage.) 54. PRINTED NAME OF WITNESS	53. SIGNATURE OF SECOND WITNESS (Must be at least 18 years old and not related by blood or marriage.) 55. PRINTED NAME OF WITNESS	
AFFIRMATION OF PARENT/LEGAL GUARDIAN OF A MOTHER UNDER 18 TO RESCINDING PATERNITY OR DENIAL OF PATERNITY	Any signatory may rescind a declaration or denial of paternity by signing the section below and filing the document with the Office of Vital Records and Statistics before the earlier of: (1) 60 days after the registered date on the declaration of (2) the date of this notice of the first adjudicative proceeding to which the signatory is a party, to adjudicate an issue relating to the child, including a proceeding that establishes support.		
AFFIRMATION OF PARENT/LEGAL GUARDIAN OF A MOTHER UNDER 18 TO RESCINDING PATERNITY OR DENIAL OF PATERNITY	I affirm that I voluntarily rescind this declaration of paternity or denial of paternity.		
AFFIRMATION OF PARENT/LEGAL GUARDIAN OF A MOTHER UNDER 18 TO RESCINDING PATERNITY OR DENIAL OF PATERNITY	56. SIGNATURE (Sign <u>ONLY</u> in the presence of a Notary Public)	57. DATE SIGNED	Subscribed & Sworn to before me this ____ day of _____ 20____ Notary Public _____ My Commission expires _____
AFFIRMATION OF PARENT/LEGAL GUARDIAN OF A MOTHER UNDER 18 TO RESCINDING PATERNITY OR DENIAL OF PATERNITY	58. COMPLETE NAME AND ADDRESS	59. SOCIAL SECURITY NUMBER	S E A L
AFFIRMATION OF PARENT/LEGAL GUARDIAN OF A MOTHER UNDER 18 TO RESCINDING PATERNITY OR DENIAL OF PATERNITY	I affirm that I am the parent/legal guardian of the rescinding parent under 18 and that I voluntarily rescind this declaration of paternity.		
AFFIRMATION OF PARENT/LEGAL GUARDIAN OF A MOTHER UNDER 18 TO RESCINDING PATERNITY OR DENIAL OF PATERNITY	60. SIGNATURE (Sign <u>ONLY</u> in the presence of a Notary Public)	61. DATE SIGNED	Subscribed & Sworn to before me this ____ day of _____ 20____ Notary Public _____ My Commission expires _____
AFFIRMATION OF PARENT/LEGAL GUARDIAN OF A MOTHER UNDER 18 TO RESCINDING PATERNITY OR DENIAL OF PATERNITY	62. COMPLETE NAME AND ADDRESS	63. RELATIONSHIP TO RESCINDING PARENT	S E A L
OVRs	Contacted ORS QA _____ on _____ Date _____ Time _____ for search of any proceedings related to this child. Results: <input type="checkbox"/> Yes <input type="checkbox"/> No		
STATE REGISTRAR	64. DATE REGISTERED	65. OFFICE OF THE STATE OR LOCAL REGISTRAR	