

STATE OF VERMONT VOLUNTARY ACKNOWLEDGEMENT OF PARENTAGE

NOTICE: Parentage creates specific legal obligations. This signed form may be used in court in support of a parentage claim. You should seek legal advice before signing this form if you have any questions or if you are confused about your rights and responsibilities. The effects of acknowledging parentage and the rights and responsibilities which attach are serious, and you should not sign this form unless you understand them. See the other side for some specific obligations of parenthood.

I, _____ (full name of mother) _____ (date of birth) _____ (state of birth) _____ (mother's SSN)
 _____ (mailing address) _____ (city) _____ (state) _____ (zip)

and I, _____ (full name of father) _____ (date of birth) _____ (state of birth) _____ (father's SSN)
 _____ (mailing address) _____ (city) _____ (state) _____ (zip)

being of sound mind and memory, voluntarily and without coercion, and of our own free will, hereby acknowledge that we are the biological parents of the male/female child

named _____, born _____ (date)
 at _____ (city/town and county of birth) _____ (state) _____ (SSN if any) (Optional)

We declare that the above information is true. We understand that signing this acknowledgment is voluntary, and we understand what our rights, responsibilities, alternatives, and consequences are. We have been provided with an oral as well as a written description of the rights and responsibilities of acknowledging parentage and of the alternatives to, and the legal consequences of, acknowledging such parentage.

Signature of Mother _____
 Additional Signature of Guardian if Mother is a Minor _____
 Signed before me this _____ day of _____, 20____
 at _____ (city) _____ (county) _____ (state)
 Signature of Witness _____

Signature of Father _____
 Additional Signature of Guardian if Father is a Minor _____
 Signed before me this _____ day of _____, 20____
 at _____ (city) _____ (county) _____ (state)
 Signature of Witness _____

PLEASE NOTE
 A witness should be at least 18 years of age and not the mother or father of the child.

Please Note: The law allows a person signing this form to rescind the acknowledgement within 60 days after signing or prior to a judicial determination of parentage, whichever occurs first. The rescission must be in writing and must be filed with the Department of Health. This form is confidential and should be filed with: Vital Records Office, Department of Health, 108 Cherry Street, PO Box 70, Burlington, Vermont 05402-0070.

Mother's residential address (if different from mailing address, above):
 _____ (number and street) _____ (apt) _____ (city) _____ (state) _____ (zip)

Father's residential address (if different from mailing address, above):
 _____ (number and street) _____ (apt) _____ (city) _____ (state) _____ (zip)