

STATE OF LOUISIANA

ACKNOWLEDGMENT OF PATERNITY AFFIDAVIT
(FOR USE IN HOSPITAL)
CHILD BORN OF MARRIAGE

NOTICE: You must read and initial the NOTICE OF ALTERNATIVES, RIGHTS AND RESPONSIBILITIES before you sign the affidavit.

SECTION I. CHILD'S INFORMATION

This is a legal document. Complete in black ink and do not alter.

Name of Child - First, Middle, Last (As it appears on birth certificate)		Date of Birth - (Month, Day, Year)
Place of Birth - City, State	Name of Hospital	

SECTION II. MOTHER/PARENT'S INFORMATION

Name of Mother/Parent - First, Middle, Last		(Maiden Name)	Date of Birth - (Month, Day, Year)
Mother/Parent's Address			Mother/Parent's Phone Number
Mother/Parent's Place of Birth - City, State	Race (Circle) American Indian, Black, White, Asian If Other, List:		Mother/Parent's Social Security Number
Mother/Parent's Employer - Name & Address			Mother/Parent's Occupation
Was Mother/Parent Married at Time of Birth, conception, or anytime in between Circle One: Yes No	If Yes, Name and Address of Husband (or Ex-husband/Spouse/Ex-Spouse if marriage ended within 300 days of birth)		
Does Mother/Parent Have Health Insurance Circle One: Yes No	If Yes, Name of Insurance Company and Policy No.		State Medicaid: Circle One: Yes No

SECTION III. FATHER/PARENT'S INFORMATION

Name of Father/Parent - First, Middle, Last		Date of Birth - (Month, Day, Year)
Father/Parent's Address		Father/Parent's Phone Number
Father/Parent's Place of Birth - City, State	Race (Circle) American Indian, Black, White, Asian If Other, List:	
Father/Parent's Employer - Name & Address		Father/Parent's Occupation
Father/Parent's Guardian (If Father under age 18) Print Name	Guardian's Address	Guardian's Signature
Does Father/Parent Have Health Insurance Circle One: Yes No	If Yes, Name of Insurance Company and Policy No.	

MOTHER/PARENT: I certify that I am the MOTHER of the child named above and that all statements made herein are true and correct to the best of my knowledge. I am signing this affidavit voluntarily and of my own free will. I acknowledge that the man named above is the biological father of my child. I give my consent to have his name appear on the Certificate of Birth of my child. I further acknowledge that I have received oral and written notice of the legal rights and consequences resulting from my acknowledging the paternity of my child and I understand this notice.

MOTHER/PARENT'S SIGNATURE

WITNESS

State of Louisiana, Parish of _____

Signed and Affirmed before me on the _____ day of _____, _____.

DATE

WITNESS

Signature then PRINT name of Notary/Authorized Hospital Employee

State Notary Registration Number

My Commission expires on

FATHER/PARENT: I certify that I am the biological FATHER/PARENT of the child named above and that all statements made herein are true and correct to the best of my knowledge. I have taken a DNA-based paternity test that demonstrates with at least 99.9% probability that I am the biological father/parent of this child. I am signing this affidavit voluntarily and of my own free will. I acknowledge that I have received written notice of the legal rights and consequences resulting from my acknowledging the paternity of my child and I understand this notice.

FATHER/PARENT'S SIGNATURE

GUARDIAN'S SIGNATURE (If Father under age 18)

WITNESS

State of Louisiana, Parish of _____

Signed and Affirmed before me on the _____ day of _____, _____.

DATE

DATE

WITNESS

Signature then PRINT name of Notary/Authorized Hospital Employee

State Notary Registration Number

My Commission expires on

HUSBAND/EX-HUSBAND/SPOUSE/EX-SPOUSE OF THE MOTHER/PARENT: I certify that I was married to the mother of this child at the time of conception or birth; however, I am not the biological father/parent.

HUSBAND'S/EX-HUSBAND/SPOUSE/EX-SPOUSE'S SIGNATURE

WITNESS

State of Louisiana, Parish of _____

Signed and Affirmed before me on the _____ day of _____, _____.

DATE

WITNESS

Signature then PRINT name of Notary/Authorized Hospital Employee

State Notary Registration Number

My Commission expires on

NOTICE OF ALTERNATIVES, RIGHTS AND RESPONSIBILITIES

This is a legal document. Signing the form is voluntary. Since this form has legal consequences, YOU MAY WANT TO CONSULT AN ATTORNEY BEFORE SIGNING. This is a sworn statement, under oath, and has legal consequences for the child and the parents.

This Acknowledgment of Paternity Affidavit is used to add the biological father/parent to a child's birth certificate if the mother was married to someone other than the biological father/parent at the time of the child's birth or if she had not been divorced at least 300 days prior to the child's birth.

This acknowledgment is properly completed, signed, and accompanied by certified results from a DNA-based paternity test that demonstrates paternity with at least 99.9% probability. Once complete, the biological father/parent's (husband/ex-husband/spouse/ex-spouse) name is entered on the birth certificate in place of the presumed father/parent of the child under the law. This acknowledgment has the same effect as a court order of paternity for the purpose of child support, custody or visitation, but not for other legal purposes.

If the agreement of any party cannot be obtained or if the parties cannot meet the statutory requirements, a court order establishing paternity in accordance with R.S. 40:46.1 must be obtained for the biological father/parent's name to be added to the birth certificate.

POTENTIAL LEGAL EFFECTS FOR ALL PARTIES

For the CHILD: Rather than have legal rights from both the Father/Parent and the Husband/Ex-husband/Spouse/Ex-Spouse, signing this form may impact your child's legal rights against the Husband/Ex-husband/Spouse/Ex-Spouse in favor of the Father/Parent in many different areas, including the following:

- Child support
- Custody and visitation
- Inheritance rights
- Legal rights of action in personal injury claims

For the MOTHER/PARENT: Signing this form may impact the mother/parent in many different areas, including the following:

- Child and Spousal support
- Custody and visitation
- Grounds for divorce
- Administration of the child's estate

For the FATHER/PARENT: Signing this form may impact the father/parent in many different areas, including the following:

- Child support obligation
- Custody and visitation
- Inheritance rights
- Legal rights of action in personal injury claims

For the HUSBAND/EX-HUSBAND/SPOUSE/EX-SPOUSE: Signing this form may relieve the husband/ex-husband/spouse/ex-spouse of legal obligations, or relinquish his legal rights, in many different areas, including the following:

- Child support
- Custody and visitation
- Inheritance rights
- Legal rights of action in personal injury claims

To indicate that you have read and understood this notice of alternatives, rights and responsibilities, please initial below. If you require further assistance, you may call us at (504) 593 - 5100

Mother/Parent's Initials _____ Father/Parent's Initials _____ Husband/Ex-Husband/Spouse/Ex-Spouse's Initials _____