

PATERNITY ACKNOWLEDGMENT

Processing is free for children under one year (amended certificates are \$16). For children over one year, the total fee is \$41 (\$25 processing + \$16 certificate). All requests must include a parent's valid ID photocopy, current address, phone number, and payment made payable to **Montana Vital Records**.



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Please send all documents to: Montana Vital Records PO Box 4210, Helena, MT 59604-4210.

CHILD'S NAME (FIRST, MIDDLE, LAST)	CHILD'S DATE OF BIRTH	CHILD'S CITY/COUNTY OF BIRTH
MOTHER'S NAME AT BIRTH OR ADOPTION (FIRST, MIDDLE, LAST)	MOTHER'S DATE OF BIRTH	MOTHER'S STATE/COUNTRY OF BIRTH
FATHER'S NAME AT BIRTH OR ADOPTION (FIRST, MIDDLE, LAST)	FATHER'S CURRENT LEGAL NAME (FIRST, MIDDLE, LAST)	
FATHER'S STATE/COUNTRY OF BIRTH	FATHER'S DATE OF BIRTH	FATHER'S SOCIAL SECURITY NUMBER
FATHER'S EDUCATION LEVEL	FATHER'S RACE	FATHER'S HISPANIC ORIGIN
FATHER'S OCCUPATION	FATHER'S EMPLOYER	
FATHER'S PHONE NUMBER	FATHER'S EMAIL ADDRESS	

BOTH PARENTS MUST SIGN BEFORE A NOTARY OF THE PUBLIC

NOTICE TO BOTH PARENTS: THIS IS A LEGALLY BINDING DOCUMENT. Upon signing this acknowledgment, it becomes your duty under law to provide support and care for the child as the parent. *Do not sign this acknowledgment if you do not understand the legal effect of the document or if you have doubts about the paternity of the child. If you wish to withdraw this acknowledgment, you must submit a NOTICE OF WITHDRAWAL OF PATERNITY ACKNOWLEDGMENT within 60 days of signing this form, or before a support or paternity order for the child is entered, whichever is earlier. Please contact the Office of Vital Records to obtain the necessary withdrawal form.*

We, the natural mother and father, declare under penalty of perjury under the laws of the State of Montana that the following statements are true and correct. When completed and filed with the state registrar, this Paternity Acknowledgment establishes a father-child relationship identical to the relationship established when a child is born to married parents.

I certify that I am the natural mother. The above information is true, and the man named above is the only possible father. I make this affidavit to name the natural father on my child's birth certificate. I understand the rights, responsibilities, alternatives, and consequences of signing this affidavit.

Mother's Signature _____
Address _____
City, State, Zip _____

Verification of the Signer's ID is mandatory.

State of _____
County of _____

This document was signed and sworn to (or affirmed) before me on _____ by _____
(Date) (Name of Signer - Mother)

(Notary Signature)

[Official Stamp]

I certify that the above information is true. I make this affidavit to show that I am the natural father on my child's birth certificate. I also understand that by acknowledging paternity of this child, I accept and obligation to provide child support under the laws of the State of Montana. I understand the rights, responsibilities, alternatives, and consequences of signing this affidavit.

Father's Signature _____
Address _____
City, State, Zip _____

Verification of the Signer's ID is mandatory.

State of _____
County of _____

This document was signed and sworn to (or affirmed) before me on _____ by _____
(Date) (Name of Signer - Father)

(Notary Signature)

[Official Stamp]