MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS

FATHER'S AFFIDAVIT ACKNOWLEDGING PATERNITY

P.O. BOX 570
JEFFERSON CITY, MISSOURI 65102

INSTRUCTIONS

THIS IS A LEGAL DOCUMENT. PLEASE READ THIS FORM CAREFULLY BEFORE COMPLETING. TYPE OR PRINT EVERYTHING EXCEPT YOUR SIGNATURE. USE **BLACK** INK ONLY.

The Mother's and Father's Affidavit Acknowledging Paternity forms and the Husband's Denial of Paternity form (if applicable) must be submitted together.

Any fax, photo or reproduced copies of this form will not be accepted and will be returned for the original. White-out, erasures, typeovers and writeovers are not acceptable. The information included on these Affidavits must agree with the information provided for the birth certificate.

If the Affidavits are not completed at the hospital to file with the birth record, send all the completed Affidavits to the address above.

If you are completing these Affidavits after the birth record is filed and you want to change the child's last name when the father's information is added to the birth record, both parents must complete and sign the "Request to Change Child's Last Name" portion of their Affidavit. This is a one time opportunity.

Each parent must sign their Affidavit in the presence of a notary public or two (2) witnesses. The parents of this child or anyone related to the parents cannot be witnesses on any of these Affidavits.

CHILD'S INFORMATION AS SHOWN ON BIRTH CERTIFICATE

CHILD'S NAME (FIRST)	(MIDDLE)	(LAST)	DATE OF BIRTH (MM/DD/YYYY)
PLACE OF BIRTH (CITY, COUNTY, STATE)		HOSPITAL OR OTHER ADDRESS WHERE BIRTH OCCURRED	

REQUEST TO CHANGE CHILD'S LAST NAME

The father's signature is required below if you wish to change your child's last name.

CHILD'S NEW LAST NAME	FATHER'S SIGNATURE

MOTHER'S INFORMATION

NAME (FIRST)	(MIDDLE)	(LEGAL LAST NAME)	(MAIDEN)
DATE OF BIRTH (MM/DD/YYYY)	CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		

FATHER'S INFORMATION

NAME (FIRST)	(MIDDLE)	(LEGAL LAST NAME)	BIRTHPLACE (STATE/COUNTRY)
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	EDUCATION (HIGHEST GRADE COMPLETED)	RACE
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER (INCLUDE AREA CODE) ( )	EMPLOYER

I have received written and oral notice, and I understand my alternatives, the legal consequences and the rights and responsibilities that arise from completing and signing this Affidavit Acknowledging Paternity. I do solemnly declare and affirm that I am the natural father of the child listed on this Affidavit and that the statements are true under the pains and penalties of perjury. I consent to this Affidavit and request that my name and other information be added to this child's birth record.

MUST BE SIGNED IN **PRESENCE** OF NOTARY **OR** TWO WITNESSES	FATHER'S SIGNATURE ▶	
NOTARY PUBLIC EMBOSSER SEAL	STATE OF	COUNTY
	SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME THIS DAY OF YEAR	**USE RUBBER STAMP IN CLEAR AREA BELOW**
	NOTARY PUBLIC SIGNATURE / MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

1. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)
2. WITNESS SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS (STREET, CITY, STATE, ZIP CODE)