MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS

FATHER’S AFFIDAVIT TO LEGITIMATE BIRTH RECORD
COMPLETE IN BLACK INK ONLY. ANY FAX, PHOTO OR REPRODUCED COPIES OF THIS FORM WILL NOT BE ACCEPTED AND WILL BE RETURNED FOR THE ORIGINAL. WHITE-OUT, ERASURES AND TYPEOVERS OR WRITEOVERS ARE NOT ACCEPTABLE.

CHILD’S NAME AT BIRTH (FIRST, MIDDLE, LAST)

DATE OF BIRTH PLACE OF BIRTH (HOSPITAL) (CITY) (COUNTY) (STATE)

CHANGE CHILD’S NAME TO READ AS FOLLOWS

DATE OF MARRIAGE LOCATION OF MARRIAGE TO CHILD’S MOTHER (CITY & STATE)

Father’s information necessary to establish an amended birth record.

FATHER’S CURRENT LEGAL NAME (FIRST) (MIDDLE) (LAST)

BIRTHDATE AGE AT TIME OF CHILD’S BIRTH BIRTHPLACE (STATE)

RACE □ WHITE □ HISPANIC □ BLACK □ OTHER (SPECIFY)

FATHER’S SOCIAL SECURITY NUMBER EDUCATION

Mother’s information necessary to establish an amended birth record.

MOTHER'S NAME (FIRST) (MIDDLE) (MAIDEN NAME)

BIRTHDATE AGE AT TIME OF CHILD’S BIRTH BIRTHPLACE (STATE)

MOTHER’S LEGAL NAME AT TIME OF CHILD’S BIRTH (FIRST) (MIDDLE) (LAST)

RACE □ WHITE □ HISPANIC □ BLACK □ OTHER (SPECIFY)

MOTHER’S SOCIAL SECURITY NUMBER EDUCATION

I do solemnly swear that the information above is true and complete to the best of my knowledge. I further swear that I am the father of the above-named child, that I have married the natural mother and now desire the child to bear my name.

*Persons who knowingly supply false information shall be guilty of a class D felony. Penalties under the criminal code range from imprisonment of 1-10 years to $5,000 in fines.

MUST BE SIGNED IN PRESENCE OF NOTARY

FATHER’S SIGNATURE DATE

FATHER’S PRESENT MAILING ADDRESS

NOTARY INFORMATION

NOTARY PUBLIC EMBOSSEOR OR BLACK INK RUBBER STAMP SEAL

STATE COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR

NOTARY PUBLIC SIGNATURE MY COMMISSION EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

USE RUBBER STAMP IN CLEAR AREA BELOW.