



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.

STATE FILE NUMBER

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	▶
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DATE OF MARRIAGE	LOCATION OF MARRIAGE TO CHILD'S MOTHER (CITY & STATE)
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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 <input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC <input type="checkbox"/> BLACK <input type="checkbox"/> 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 <input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC <input type="checkbox"/> BLACK <input type="checkbox"/> 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 EMBOSSEY 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.