



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF VITAL RECORDS
HUSBAND'S DENIAL OF PATERNITY

DHSS - BUREAU OF VITAL RECORDS
 930 WILDWOOD DR.
 JEFFERSON CITY, MISSOURI 65109

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 (if applicable) form must be submitted together.
 Affidavits containing erasures, white-outs, write-overs, and/or faxed or reproduced copies will not be accepted. 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.
 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 forms.
 If the mother was married at the time of conception, birth, or any time between conception and birth, the name of the husband/ex-husband shall be entered on the certificate as the father of the child, unless:
 1. Paternity has been determined otherwise by a court of competent jurisdiction; or
 2. The mother and her husband/ex-husband complete an Affidavit denying that the husband/ex-husband is the father and the mother and natural father complete an Affidavit acknowledging that he is the father. The natural father will then be shown on the birth certificate.

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	

MOTHER'S INFORMATION

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

DENIAL OF PATERNITY - FATHER

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 denying paternity. I am the husband or ex-husband of the mother listed on this affidavit. I do solemnly declare and affirm that I am not the biological (natural) father of the child listed on this Affidavit and that the statements are true under the pains and penalties of perjury.

MUST BE SIGNED IN PRESENCE OF NOTARY OR TWO WITNESSES	HUSBAND'S/EX-HUSBAND'S SIGNATURE		HUSBAND'S/EX-HUSBAND'S PRINTED NAME	DATE SIGNED	
	NOTARY PUBLIC EMBOSSER SEAL	STATE OF		COUNTY	
		SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME THIS		USE RUBBER STAMP IN CLEAR AREA BELOW	
		DAY OF	YEAR		
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)		

DENIAL OF PATERNITY - MOTHER

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 denying paternity. I was married during part or all of my pregnancy with this child to the man whose name is listed on this Affidavit. I do solemnly declare and affirm that he is not the natural father of the child listed on this Affidavit and that the statements are true under the pains and penalties of perjury.

MUST BE SIGNED IN PRESENCE OF NOTARY OR TWO WITNESSES	MOTHER'S SIGNATURE		MOTHER'S PRINTED NAME	DATE SIGNED	
	NOTARY PUBLIC EMBOSSER SEAL	STATE OF		COUNTY	
		SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME THIS		USE RUBBER STAMP IN CLEAR AREA BELOW	
		DAY OF	YEAR		
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)		

FOR STATE USE ONLY

DATE PROCESSED	<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	PROCESSED BY
IF REJECTED, REASON(S) FOR REJECTION/INSTRUCTIONS TO RESOLVE		
DATE PROCESSED	<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	PROCESSED BY
IF REJECTED, REASON(S) FOR REJECTION/INSTRUCTIONS TO RESOLVE		