

(For Official Use Only)

Birth number: _____
Hospital Code: _____ (4 DIGIT CODE)

ACKNOWLEDGMENT OF PATERNITY

(Please Type or Print with black ink)

INDICATE, BY CHECKING THE APPROPRIATE BOX, WHERE THE ACKNOWLEDGMENT IS BEING SIGNED:
HOSPITAL CHILD SUPPORT OFFICE BIRTH REGISTRAR OTHER

INFORMATION ABOUT THE CHILD FOR WHOM THE ACKNOWLEDGMENT OF PATERNITY IS SIGNED:

(Print child's full name as it appears on the birth certificate)

CHILD'S FULL FIRST NAME:	MIDDLE	LAST	SEX (Check) <input type="checkbox"/> Female <input type="checkbox"/> Male
DATE OF BIRTH: (Month, Date, Year)	PLACE OF BIRTH: (Name and Address of Hospital where child was born)		

ACKNOWLEDGMENT OF PATERNITY BY FATHER:

I, _____, residing at _____,
First, Middle Last Name House/Apt. Number and Street
in the City of _____, State of _____, Zip Code _____,
my place of birth, (City, State, Or Foreign Country) _____,
Date of Birth ____/____/____, Social Security Number: _____, hereby acknowledge
that I am the biological father of the child named above.
I UNDERSTAND THAT SIGNING THIS ACKNOWLEDGMENT WILL ESTABLISH THE PATERNITY OF THE CHILD. I HAVE RECEIVED WRITTEN AND ORAL NOTICE OF MY LEGAL RIGHTS AND THE CONSEQUENCES OF SIGNING THE ACKNOWLEDGMENT OF PATERNITY, AND I UNDERSTAND WHAT THE NOTICE STATES. A COPY OF THE WRITTEN NOTICE HAS BEEN PROVIDED TO ME. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE.
SIGNATURE: _____ DATE ____/____/____
The above named _____, signed and affirmed before us this _____ day of _____,
that the information contained herein is true.

First Witness (Witnessed by two people not related to the mother or father.) Second Witness _____

ACKNOWLEDGMENT OF PATERNITY BY MOTHER:

I, _____, residing at _____,
First, Middle Last Name House/Apt. Number and Street
in the City of _____, State of _____, Zip Code _____,
my place of birth, (City, State, Or Foreign Country) _____,
Date of Birth ____/____/____, Social Security Number _____, hereby consent
to the acknowledgment of paternity for my child named above and acknowledge that the man named above is the only possible father
of my child who was born to me. I state that I was not married when the child was born or at any time during the pregnancy OR I was
not married when the child was born or at any time during the pregnancy but I have subsequently married the child's biological father.
I UNDERSTAND THAT SIGNING THIS ACKNOWLEDGMENT WILL ESTABLISH THE PATERNITY OF THE CHILD. I HAVE RECEIVED WRITTEN AND ORAL NOTICE OF MY LEGAL RIGHTS AND THE CONSEQUENCES OF SIGNING THE ACKNOWLEDGMENT OF PATERNITY, AND I UNDERSTAND WHAT THE NOTICE STATES. A COPY OF THE WRITTEN NOTICE HAS BEEN PROVIDED TO ME. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE.
I am currently in receipt of public assistance and/or child support services from a social services district in New York State.
 NO YES If "Yes", identify the County and address of the social services district, if known: _____
SIGNATURE: _____ DATE ____/____/____
My maiden name is (Last name only): _____
The above named _____, signed and affirmed before us this _____ day of _____,
that the information contained herein is true.

First Witness (Witnessed by two people not related to the mother or father.) Second Witness _____

IMPORTANT NOTICE: This form must be completed and filed with the New York City Department of Health.

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The above ACKNOWLEDGMENT OF PATERNITY is hereby filed with the New York City Department of Health on ____/____/____.
This is to certify that I have examined the original record which this document seeks to amend. There are no omissions or apparent errors in this document that renders it unacceptable from amending the record. This document is, therefore, approved.

Deputy City Registrar

Month/Day/Year