

COMMONWEALTH OF KENTUCKY
State Registrar of Vital Statistics

DECLARATION OF PATERNITY

FATHER'S AFFIDAVIT

Pursuant to KRS 213.046, I, (Full Name of Father), having been duly sworn, do hereby state, affirm, and acknowledge that I am the natural father of a (Sex) child named (Full Name of Child at Birth) born on (Month) (Day) (Year) at (Hospital) (City) (County), Kentucky. My date of birth is (Month) (Day) (Year). I was born in (City) (State) (Country). My highest grade of education completed was (City). My race is (State) (Country). I am of Hispanic origin (Yes/No). (If yes, specify) (Cuban, Mexican, etc.). My Social Security Number is (Street & Number, Apt. Number, City, State, Zip Code).

I HAVE READ AND UNDERSTAND MY RIGHTS AND RESPONSIBILITIES LISTED ON THE REVERSE SIDE.

(Father's Signature)
Subscribed and sworn to before me on this ( ) day of ( ), 20 ( ).
My Commission Expires Notary Signature and Number

MOTHER'S AFFIDAVIT

I, (Full Name of Mother), having been duly sworn, do hereby state, affirm, and acknowledge that I am the natural mother of the above said child and that (Father's Name), the above affiant, is the natural father of said child. My maiden name is (Name Previous to First Marriage). My date of birth is (Month) (Day) (Year). My Social Security Number is (Street & Number, Apt. Number, City, State, Zip Code).

CHILD'S DESIRED LAST NAME (If changing child's surname (last name), please provide the desired SURNAME.)

I HAVE READ AND UNDERSTAND MY RIGHTS AND RESPONSIBILITIES LISTED ON THE REVERSE SIDE.

(Mother's Signature)
Subscribed and sworn to before me on this ( ) day of ( ), 20 ( ).
My Commission Expires Notary Signature and Number

Table with 2 columns: AUTHORIZED HEALTH DEPARTMENT REPRESENTATIVE ONLY (with fields for Name, Facility, Address, City, Signature) and FOR STATE AGENCY USE ONLY (with field for Division of Child Support Enforcement).

**PURSUANT TO KRS 213.046** When a birth occurs in a hospital or enroute to the hospital to a woman who is **unmarried**, the hospital representative shall present to the mother and father, if available, **except when either parent is a minor**, information regarding the establishment of paternity. If the parents agree, the hospital representative shall provide the Voluntary Acknowledgment of Paternity form for the parents to complete in front of a notary. The Voluntary Acknowledgment of Paternity form shall accompany the birth certificate to the Office of Vital Statistics where the father's name will be added to the birth certificate. A copy of the Voluntary Acknowledgment of Paternity form will then be forwarded to the Division of Child Support Enforcement.

### **RIGHTS AND RESPONSIBILITIES OF THE PARENTS**

I UNDERSTAND...

- ...that if I have questions regarding the legal effect of signing this form, I should seek legal advice.
- ...I have the right to request genetic testing prior to signing this form if I have any doubts concerning the paternity of the child whose name appears on this affidavit.
- ...I have read the paternity acknowledgment information. I also have been given an oral explanation of the voluntary acknowledgment process and alternatives available to me, have heard an audio tape, or have seen a video providing this information.
- ...I have the right and have been given the opportunity to ask questions before signing this form. "Opportunity to ask questions" includes contacting the child support agency at the toll free number given below, even if this means delaying my signing this form.
- ...the information that I have given on this form is true.
- ...I may be responsible to provide child support and medical insurance for this child at least until said child reaches the age of emancipation or is otherwise legally emancipated.
- ...that if this child receives public assistance, I may be required to make child support payments to the State.
- ...I may be responsible for hospital and doctor's fees for the birth of this child.
- ...this signed acknowledgment may be rescinded (taken back) by either parent signing the form the earlier of
  - 1) 60 days or
  - 2) the date of administrative or judicial proceedings relating to the child including setting support.Afterwards, the acknowledgment may be contested in court only on the grounds of duress, fraud or material mistake of fact.
- ...I do not automatically have custody or visitation rights by signing this form. I must go to court for those issues to be decided.
- ...this form will be sent to the Office of Vital Statistics. If all items are correctly completed and the affidavit is notarized, my name will be placed on the child's birth certificate as the father.
- ...that if this form is not SIGNED IN FRONT OF A NOTARY, my name cannot be placed on the birth certificate as the father.

I UNDERSTAND THIS IS A LEGALLY BINDING DOCUMENT. IT HAS THE SAME WEIGHT AND AUTHORITY AS A COURT-ORDERED PATERNITY.

I UNDERSTAND THAT ANY CHANGES TO THE BIRTH CERTIFICATE AFTER THIS FORM HAS BEEN FILED WITH THE OFFICE OF VITAL STATISTICS SHALL REQUIRE A COURT ORDER.

FOR INFORMATION regarding rights and responsibilities, written materials, and information concerning genetic testing call:

Division of Child Support Enforcement  
TOLL FREE NUMBER: 1-800-248-1163  
Monday thru Friday (8:00 AM to 4:30 PM EST)

### **Health Department Instructions:**

For each Declaration of Paternity Affidavit correctly completed and filed with the Office of Vital Statistics (OVS), the Division of Child Support Enforcement will pay the sum of ten dollars (\$10).

In order to receive payment:

- Please complete the information requested.
- Correctly complete and notarize VS-8 Form (Declaration of Paternity Affidavit).
- VS-8 Form must be signed by an authorized Health Department representative.
- Complete payment information at the bottom of the VS-8 Form.
- Forward the original VS-8 Form to the Office of Vital Statistics (OVS).

OVS Address:

The Office of Vital Statistics  
Attention: Amendments Unit  
275 East Main Street, 1E-A  
Frankfort, KY 40621