



**VOLUNTARY ACKNOWLEDGMENT OF PATERNITY**  
 STATE OF TENNESSEE  
 DEPARTMENT OF HEALTH-OFFICE OF VITAL RECORDS  
 DEPARTMENT OF HUMAN SERVICES

CERTIFICATE NUMBER

TENNESSEE CODE ANNOTATED, SECTIONS 24-7-113, 68-3-203, 68-3-302 AND 68-3-305

**INSTRUCTIONS**

1. This is a legal form. Please read it carefully.
2. **Do not** sign this form until you have received an oral presentation of your rights and responsibilities. **Do not** sign this form if you do not understand what it means.
3. Use black ink. Do not use any white out or erasures or the form will **not** be accepted.
4. Once this form has been filed with the Tennessee Vital Records Office, a court order will be required to make changes in the child's name; provided, however, if either parent rescinds (cancels) the acknowledgment of paternity within the sixty (60) day period provided by law, the child's surname will automatically be changed to the mother's legal surname at the time of birth.
5. In Section I, enter the child's name exactly as you want it to be shown on the child's birth certificate. Both parents must agree. Enter all other information requested on the form, if applicable, to your current circumstances.
6. If you are under 18 years of age, your parent or guardian **must** be present at the time you complete this form and **must** sign below your signature to give consent.
7. Retain a copy of this form as you have completed it before the Notary Public for your records.

**SECTION I - A.**

<b>Child's Name (as you want it shown on the birth certificate)</b>				<b>Date of Birth</b>
				<b>State and County of Birth</b>
_____	_____	_____	_____	
<b>First</b>	<b>Middle</b>	<b>Last</b>	<b>Suffix</b>	

**FATHER'S INFORMATION**

<b>Father's Name</b>				<b>Date of Birth</b>
_____	_____	_____	_____	
<b>First</b>	<b>Middle</b>	<b>Last</b>	<b>Suffix</b>	
<b>Birthplace - State or Foreign Country</b>	<b>Social Security Number</b>	<b>Spanish/ Hispanic/ Latino?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
		If Yes, Specify:		
<b>Race (list all that apply)</b>		<b>Education - Highest level completed</b>		

B. Social Security Number of Child (if available at the time of completion of form): \_\_\_\_\_

**SECTION II - INFORMATION TO BE COMPLETED BY THE MOTHER OF THE CHILD**

A. Name: \_\_\_\_\_ B. Maiden Surname: \_\_\_\_\_

C. Residential Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ County: \_\_\_\_\_

D. Mailing Address (if different): \_\_\_\_\_

E. Social Security Number: \_\_\_\_\_ F. Date of Birth: \_\_\_\_\_

G. Birthplace: City \_\_\_\_\_ State or Country: \_\_\_\_\_

H. Mother's Employer: \_\_\_\_\_ Phone No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_

I. Mother's medical insurance company name: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Monthly cost of coverage for: \$ \_\_\_\_\_ Family \$ \_\_\_\_\_ Single

J. Driver's License No: \_\_\_\_\_

**SECTION III - INFORMATION TO BE COMPLETED BY THE FATHER**

A. Father's Residential Address: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_ County: \_\_\_\_\_

Phone number: \_\_\_\_\_ B. Driver's License No: \_\_\_\_\_

C. Father's employer: \_\_\_\_\_ Phone No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Employer's address: \_\_\_\_\_

D. Father's medical insurance company name: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Monthly cost of coverage for: \$ \_\_\_\_\_ Family \$ \_\_\_\_\_ Single

**SECTION IV - RIGHTS AND RESPONSIBILITIES INVOLVING PATERNITY ESTABLISHMENT**

The following rights and responsibilities of establishing paternity must be explained to you!

- A. If you are the father of this child, by signing this voluntary acknowledgment of paternity:
1. You will be **conclusively presumed** to be the father of the child named above **unless**, within 60 days following completion of this form, the acknowledgment is rescinded (canceled) as described in Section IV. C. below.
  2. Your name will appear on the child's birth certificate as the father of the child.
  3. You will give your child the benefits of:
    - a. Knowing his or her father's identity.
    - b. Having the opportunity for a legally recognized father-child relationship.
    - c. Having access to your health and medical information to help in caring for your child's possible future medical problems.
    - d. Having financial support from birth parents.
    - e. Having rights to other benefits which may include social security, veterans benefits, insurance, the right to inherit property and possibly others.

4. As the legal father you will have:

- a. The ability to protect your legal rights to your child by having a say in any attempted adoption of your child by others.
  - b. The right to petition the court for visitation and custody.
  - c. The responsibility of providing financial and medical support. The court may enter an order, which will direct you to provide money for the financial support of your child and to provide for your child's medical care.
- B. If you are the mother of this child, by signing this voluntary acknowledgment of paternity:
- 1. The father's name will appear on your child's birth certificate.
  - 2. Your child will have a legal father from whom child support, medical support and other benefits such as social security, veterans benefits, the right to inherit property and possibly others will be available.
  - 3. The child's father will have the right to ask the court for visitation or custody of the child.
- C. If you are either the mother or father of this child:
- 1. You may revoke (cancel) this acknowledgment by obtaining from the local child support office or the Department of Health a Rescission of Voluntary Acknowledgment of Paternity form and filing the form and the required \$15.00 fee so that it is received by the Office of Vital Records in Nashville, Tennessee within sixty (60) days of the date of completion of this form. If you cannot pay the fee because you are poor, you may complete a sworn statement with the Rescission in which you describe your income, and the fee will be waived if you meet the waiver requirements.
  - 2. The acknowledgment may also be rescinded (canceled) by entry of an order which rescinds (cancels) the acknowledgment at a court or administrative hearing relating to the child held within sixty (60) days of the date of the completion of this form at which either parent is a party.
  - 3. If you believe that there has been fraud or a material mistake of fact in the completion of this acknowledgment, you may file an action in court to rescind this acknowledgment if you do so within five (5) years of the date of the completion of this form. If however, you are the father named in this acknowledgment, and you allege fraud by the mother of the child, an action to rescind the acknowledgment is not barred by the five (5) year limitation if the interests of the child, the State or any child support agency are not affected by such an action.
- D. 1. The identity of the father may be established by parentage tests such as genetic tests (DNA) if either the mother or person believed to be the father is unsure of the identity of the father.
2. If the acknowledgment is not signed to establish a father of the child, a legal action may be filed by either the mother, the father, or by a State child support agency in order to establish a legal father of the child. Such an action, if successful, will make the father responsible for paying child support and medical support. The child may also be entitled to any of the benefits noted in Section IV. A.3.e. above. The mother, alleged father and the child will be required to submit to genetic testing to determine the identity of the father if the alleged father's identity is disputed. Costs for such tests may be recovered in the legal action from the mother or father.

**SECTION V - AFFIDAVIT OF FATHER**

State of Tennessee

County of \_\_\_\_\_

City of \_\_\_\_\_

First being duly sworn, affiant states:

I am \_\_\_\_\_. I certify and acknowledge that I am the father of the child whose name appears in Section I and I further certify and acknowledge that all of the information in Section I is correct. I further acknowledge that I have been orally advised of my rights and responsibilities as set forth in Section IV above in signing an acknowledgment of paternity. I certify that I understand all of the information on this form and that I sign this acknowledgment of paternity freely and voluntarily.

Further affiant saith not.

\_\_\_\_\_  
Signature of Father

If the father is less than 18 years of age, his parent or legal guardian must be present at the time the voluntary acknowledgment is completed by the father and must sign below to indicate his or her consent.

\_\_\_\_\_  
Name of father's parent or guardian (please print)

\_\_\_\_\_  
Signature of father's parent or guardian

SEAL Sworn to and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_, 20 \_\_\_\_\_

**SECTION VI - AFFIDAVIT OF MOTHER**

State of Tennessee

County of \_\_\_\_\_

City of \_\_\_\_\_

First being duly sworn, affiant states:

I am \_\_\_\_\_. I certify and acknowledge that I am the mother of the child whose name appears in Section I. I further certify and acknowledge that the person named in Section I is the father of the child in Section I. I further acknowledge that I have been orally advised of my rights and responsibilities as set forth in Section IV above in signing an acknowledgment of paternity. I certify that I understand all of the information on this form and that I sign this acknowledgment of paternity freely and voluntarily.

Further affiant saith not.

\_\_\_\_\_  
Signature of Mother

If the mother is less than 18 years of age, her parent or legal guardian must be present at the time the voluntary acknowledgment is completed by the mother and must sign below to indicate his or her consent.

\_\_\_\_\_  
Name of mother's parent or guardian (please print)

\_\_\_\_\_  
Signature of mother's parent or guardian

SEAL Sworn to and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_, 20 \_\_\_\_\_