



Maine Center for Disease Control and Prevention  
 An Office of the Department of Health and Human Services

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## Voluntary Acknowledgment of Paternity

(As Authorized by Title 22 MRSA §2761, sub §4)

Fill out the form below and print, or print and then fill out the form using black ink.

We, \_\_\_\_\_ and \_\_\_\_\_  
(Full name of father) (Full name of mother)

acknowledge that \_\_\_\_\_ Father's Birth Date: \_\_\_\_\_  
(Full name of father) (mm/dd/yyyy)

is the natural father of \_\_\_\_\_, born in \_\_\_\_\_  
(Full name of child as shown on Certificate of Birth) (City or town)

on \_\_\_\_\_ to \_\_\_\_\_  
(mm/dd/yyyy) (Full name of mother)

Mother's Social Security Number: \_\_\_\_\_ Mother's State of Birth: \_\_\_\_\_

Mother's Contact Phone Number: \_\_\_\_\_

### Father's Information:

Father's Social Security Number: \_\_\_\_\_ Father's State of Birth: \_\_\_\_\_

Education: (Type of degree, check the level at time of delivery)

- |                                                                |                                                                                            |                                  |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------|
| <input type="checkbox"/> 8 <sup>th</sup> Grade or Less         | <input type="checkbox"/> Associate Degree, AA, AS                                          | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> 9th - 12th Grade, No Diploma          | <input type="checkbox"/> Bachelor's Degree, BA, AB, BS                                     |                                  |
| <input type="checkbox"/> High School Graduate or GED Completed | <input type="checkbox"/> Master's Degree, MA, MS, MEng, MEd, MSW, MBA                      |                                  |
| <input type="checkbox"/> Some College Credit, but No Degree    | <input type="checkbox"/> Doctorate, PhD, EdD or Professional Degree, MD, DDS, DVM, LLB, JD |                                  |

Ancestry: (Check one circle and Specify)

- Hispanic (Check one box below and must specify if other)  
 Mexican, Mexican American, Chicana  Puerto Rican  Cuban  Dominican  
 If Other, *specify* \_\_\_\_\_
- Non-Hispanic (e.g., Italian, African, American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc.)  
*(Specify)* \_\_\_\_\_
- Unknown

Race: Which one or more of the following is your race? (Check all that apply)

- |                                                                                     |                                                                |                                                                           |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> White                                                      | <input type="checkbox"/> Japanese                              | <input type="checkbox"/> Samoan                                           |
| <input type="checkbox"/> Black or African American                                  | <input type="checkbox"/> Korean                                | <input type="checkbox"/> Other Pacific Islander<br><i>(Specify)</i> _____ |
| <input type="checkbox"/> American Indian or Alaska Native<br><i>(Specify)</i> _____ | <input type="checkbox"/> Vietnamese                            | <input type="checkbox"/> Other<br><i>(Specify)</i> _____                  |
| <input type="checkbox"/> Asian Indian                                               | <input type="checkbox"/> Other Asian<br><i>(Specify)</i> _____ | <input type="checkbox"/> Don't Know/Not Sure                              |
| <input type="checkbox"/> Chinese                                                    | <input type="checkbox"/> Native Hawaiian                       | <input type="checkbox"/> Refused                                          |
| <input type="checkbox"/> Filipino                                                   | <input type="checkbox"/> Guamanian or Chamorro                 |                                                                           |

For information about the Voluntary Acknowledgment of Paternity form see page 2; this must be read before signing the form.

**Information about Voluntary Acknowledgment of Paternity. This information must be read to each parent before it is signed and notarized.**

1. A voluntary acknowledgment of paternity means that the parents freely admit who is the biological father of the child(ren). If you do not know who is the father of the child(ren), you should seek genetic testing.
2. You, as the parent(s), have the right to talk with an attorney before signing.
3. By signing, you will give the child(ren) a legal record identifying each parent. This will enable the child(ren) to get access to Social Security or veteran benefits, inheritance rights, life insurance and access to health insurance and medical information.
4. You, as the parent(s), have 60 days after signing a voluntary acknowledgment of paternity to change your mind and remove it with a rescission form. **Once the 60 days have passed**, it can only be removed by going to court and proving that it was signed on the basis of fraud, duress or material mistake of fact.
5. A voluntary acknowledgment of paternity does not involve custody or visitation rights. Parents must go to court for these.
6. Once you have signed this document, you, the parent(s), will be legally responsible for financially supporting the child(ren) until at least age 18, and until age 19 if still in high school. You the parent(s) may also be required to pay for past medical expenses, birth expenses and child support for the child(ren).
7. It is a crime for you to sign this form knowing that the man signing is not the biological father of the child(ren).
8. There will be a \$60.00 fee to process any Acknowledgment of Paternity form filed **after** parent is discharged from the hospital. Checks/money orders should be made payable to "Treasurer, State of Maine".
9. This form should NOT be signed if the mother was married at the time of either conception or birth, or between conception and birth, or if a determination of paternity has been made by a court of competent jurisdiction.

**I have been informed and understand my rights and responsibilities in signing a voluntary acknowledgment of paternity for \_\_\_\_\_**

(Full name of child as shown on Certificate of Birth)

**born on** \_\_\_\_\_  
(mm/dd/yyyy)

\_\_\_\_\_  
(Signature of father)

**Address of Father** \_\_\_\_\_  
\_\_\_\_\_

**Dated this day** \_\_\_\_\_  
(mm/dd/yyyy)

Personally appeared before me the above-named and made oath to the truth of the foregoing statements:

\_\_\_\_\_  
(Signature of Notary Public/Municipal Clerk)

**My term expires:** \_\_\_\_\_

**State of** \_\_\_\_\_

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

**City/town of** \_\_\_\_\_

\_\_\_\_\_  
(Signature of mother)

**Address of Mother** \_\_\_\_\_  
\_\_\_\_\_

**Dated this day** \_\_\_\_\_  
(mm/dd/yyyy)

Personally appeared before me the above-named and made oath to the truth of the foregoing statements:

\_\_\_\_\_  
(Signature of Notary Public/Municipal Clerk)

**My term expires:** \_\_\_\_\_

**State of** \_\_\_\_\_

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

**City/town of** \_\_\_\_\_