



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
Vital Records & Health Data Development

State File Number

AFFIDAVIT OF PARENTAGE
(PLEASE PRINT OR TYPE)

We affirm under penalty of perjury that we are the natural parents of:

(First) (Middle) (Last)

who was born in (Hospital Name, City, County, State) on (Date of birth)

and that we sign this affidavit to establish the paternity for this child. We hereby consent that the name of the natural father may be included on the certificate of birth for the child.

We wish the child's name to be recorded as:

(First) (Middle) (Last)

In signing this form, we understand that:

- (a) This is a legal public document.
(b) Completion of the acknowledgment is voluntary.
(c) The mother has custody of the child unless otherwise determined by the court or agreed by the parties in writing.
(d) Either parent may assert a claim in court for parenting time or custody.
(e) Both parents have a right to notice and a hearing regarding the adoption of the child.
(f) Both parents have the responsibility to support the child and to comply with a court or administrative order for the child's support.
(g) By signing this acknowledgment, we waive the following:
(i) The right to blood or genetic test to determine if the man is the biological father of the child.
(ii) Any right to a court appointed attorney, including the prosecuting attorney, to represent either party in a court action to determine if the man is the biological father of the child.
(iii) The right to a trial to determine if the man is the biological father of the child.

Further, the mother states that she was not married when this child was born or conceived; or that this child, though born or conceived during a marriage, is not an issue of that marriage as determined by a court of law.

FATHER

MOTHER

Name (Father's Name - Printed)

Name (Mother's Name - Printed)

Current Address Number and Street Name

Current Address Number and Street Name

City State ZIP Code

City State ZIP Code

Date of Birth

Date of Birth

State or Country of Birth

State or Country of Birth

Social Security Number

Social Security Number

To the best of my knowledge, the above information is true

To the best of my knowledge, the above information is true

(Signature of Father)

(Signature of Mother)

Subscribed and sworn to be before me this day of 20 Notary Public in and for County, Michigan.

Subscribed and sworn to be before me this day of 20 Notary Public in and for County, Michigan.

(Notary Public's Signature)

(Notary Public's Signature)

(Notary Public's Name - Printed or Typed)

(Notary Public's Name - Printed or Typed)

My commission expires DCH-0682 (11/02) By authority of Act 305 of 1996.

My commission expires