

VOLUNTARY ACKNOWLEDGMENT OF PATERNITY

Parents: You may wish to make a copy of this completed form for your own records. The original Voluntary Acknowledgment of Paternity will be placed in a sealed file. A copy can only be obtained by court order.

South Dakota law permits the establishment of paternity by voluntary acknowledgment of the mother of the child was not married at the time of the child's conception, birth or anytime in between. **This form must be signed by both parents in front of a notary public.**

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|---|--|---|--|---|---------------------|
| Child's Information Currently on the Birth Record: | | | | | |
| 1. Name First Middle Last Suffix (Jr., etc.) | | | | 1A. Date of Birth (Month, Day, Year) | |
| 1B. Place of Birth City County State | | | 1C. Gender (Mark one) ____ Male ____ Female | | |
| Surname/Last Name of Child to be Entered on New Birth Certificate (Complete even if surname does not change) | | | | | |
| 2. The surname/ last name of the Child Shall Henceforth be Shown on the Birth Record As: Surname/Last Name: Suffix (Jr., II, etc.) : | | | | | |
| Mother's Information Currently on the Birth Record : | | | | | |
| 3A. Name First Middle Last | | | 3B. Maiden Surname | | |
| 3C. Social Security Number (See Back) | | 3D. Birthplace – State (if not USA, name country) | | 3E. Date of Birth (Month, Day, Year) | 3F. Daytime phone # |
| 3G. Current Address Street Address/PO Box City State Zip | | | | | |
| Father's Information to be Entered on the Birth Record | | | | | |
| 4A. Name First Middle Last Suffix (Sr., II., etc.) | | | | 4B. Date of Birth (Month, Day, Year) | |
| 4C. Social Security Number (See Back) | | 4D. Race (White, Indian, Black, etc) | | 4E. Birthplace – State (if not USA, name country) | |
| 4F. Current Address Street Address/PO Box City State Zip | | | | | |

I acknowledge that I am the biological mother of the child; the above information is true; I was not married to anyone at the time of the child's conception, birth or anytime in between; I am voluntarily signing this Acknowledgment for the purpose of establishing paternity of the child.

I acknowledge that the rights, responsibilities, alternatives and legal consequences, associated with signing this affidavit as outlined in the Voluntary Paternity Establishment Booklet (BR000CSE2), have been explained to me, orally and/or in writing, and I understand the same. I understand that an affidavit of paternity signed by both parties creates a presumption of paternity and allows for the establishment of a child support obligation without further legal proceedings to establish paternity. I understand that either party can seek circuit court rescission of this affidavit within 60 days of signing the affidavit, unless an administrative or judicial proceeding has already been commenced regarding the child.

Mother's Signature _____

Subscribed and sworn to before me this _____ day of

_____, _____ (SEAL)

Notary Public _____

My commission expires: _____

I acknowledge that I am the biological father of the child; the above information is true; I am voluntarily signing this Acknowledgment for the purpose of establishing paternity of the child.

I acknowledge that the rights, responsibilities, alternatives and legal consequences, associated with signing this affidavit as outlined in the Voluntary Paternity Establishment Booklet (BR000CSE2), have been explained to me, orally and/or in writing, and I understand the same. I understand that an affidavit of paternity signed by both parties creates a presumption of paternity and allows for the establishment of a child support obligation without further legal proceedings to establish paternity. I understand that either party can seek circuit court rescission of this affidavit within 60 days of signing the affidavit, unless an administrative or judicial proceeding has already been commenced regarding the child.

Father's Signature _____

Subscribed and sworn to before me this _____ day of

_____, _____ (SEAL)

Notary Public _____

My commission expires: _____

SOCIAL SECURITY NUMBER – “Disclosure of the social security number is mandatory pursuant to SDCL 25-7A-56.2 and the Social Security Act § 205(c)(2), 42 U.S.C. § 405(c)(2) (1998). The social security number will be used by the Department of Social Services to facilitate collecting child support and locating child support obligors, and by the Internal Revenue Service for determining tax benefits based on support of residence of children.”

PLEASE SUBMIT THE ORIGINAL NOTARIZED PATERNITY AFFIDAVIT. ANY ALTERATIONS MAY VOID THE AFFIDAVIT.

A PATERNITY AFFIDAVIT CAN ONLY BE USED TO CHANGE THE CHILD’S SURNAME AND ADD THE FATHER’S INFORMATION. CHANGES TO THE CHILD’S FIRST AND MIDDLE NAME OR OTHER INFORMATION ON THE RECORD REQUIRE AN AMENDMENT. SEE <http://www.state.sd.us/doh/vitalrec/vital.htm> FOR APPLICATIONS TO AMEND A VITAL RECORD. ONCE THE REQUESTED ADDITIONS/CORRECTIONS HAVE BEEN MADE ON THE BIRTH RECORD TO THE CHILD’S SURNAME AND THE FATHER’S NAME AND THE FATHER’S NAME AND INFORMATION, NO FURTHER CHANGES WILL BE MADE ON THESE ITEMS EXCEPT BY COURT ORDER.

ONCE THE DEPARTMENT OF HEALTH HAS RECEIVED THE PATERNITY AFFIDAVIT, IT WILL BECOME PART OF A SEALED AND CONFIDENTIAL FILE WHICH CAN ONLY BE OPENED BY COURT ORDER OR AT THE REQUEST OF THE DEPARTMENT OF SOCIAL SERVICES. THEREFORE, **IF YOU WISH TO KEEP A COPY OF THIS AFFIDAVIT, PLEASE MAKE ONE BEFORE YOU SEND IT IN.**

FEEES:

PREPARING NEW BIRTH CERTIFICATE WITH PATERNITY.....\$5.00
(Paternity relates only to the addition of the father’s name and information and changes to the child’s surname. Any other changes to the birth record must be done using the amendment process.)

CERTIFIED COPY OF NEW BIRTH CERTIFICATE.....\$15.00 each
A complete application must be submitted to obtain a copy of the record. Applications can be obtained on the internet at <http://www.state.sd.us/doh/vitalrec/vital.htm> , from the local Register of Deeds or by calling (605)-773-4961.