Completing the Voluntary Acknowledgment of Parentage Affidavit 45-21

The Voluntary Acknowledgment of Parentage Affidavit (AOP) establishes parentage for children born to unmarried parents. It also creates legally binding duties upon both parents for the child named in the Affidavit including financial support of the child.

Note: Recent updates to the forms include modernizing several terms and labels to reflect and recognize diverse family structures. These updates include replacing the term “paternity” with the more inclusive “parentage.” The forms also use gender neutral labels. **Parent who gave birth** replaces “mother” and **Second genetic parent** replaces “father.”

There are two Parentage forms.

- The Voluntary Acknowledgment of Parentage (form 45-31) is completed before the parent who gave birth is discharged from the birthing facility.
- The Voluntary Acknowledgment of Paternity Affidavit (form 45-21) is required once the parent who gave birth has been discharged, if it has been more than five days since the birth of the child, or if the child was not born in a facility.
    - The form is available online as a fillable PDF.
        - Voluntary AOP (form 45-21) English
        - Voluntary AOP (form 45-21) Spanish

This document covers the requirements for the Acknowledgment of Parentage Affidavit (form 45-21).

Many mistakes made on Acknowledgment of Parentage forms are easily avoidable and can be eliminated by taking a few moments to check for accuracy and completeness before sending in the form. Following these helpful hints will reduce the number of rejected forms and help the Center for Health Statistics add the alleged genetic parent’s name on the birth record as quickly as possible.

1. **Use the correct form.** Form 45-21 should be used if the parent who gave birth is no longer in a hospital or birthing facility or if it has been more than 5 days since the birth of the child. This form must be signed before a notary.

2. **Read and understand all the information on the instruction page and the Statement of Rights, Responsibilities, Alternatives and Consequences page.** Parents who are signing the Voluntary Acknowledgment of Parentage (45-21) form must understand the Rights and Responsibilities found on the back of the form.

3. **Write legibly in ink or type in the information on the form.** The form is a fillable pdf that can be printed out to fill in by hand or it can be filled in online before printing. To ensure all the information is legible, it is recommended to enter the required information before printing the form. Fully complete each field.

- **Section 1 – Child, include:**
  - Child's full name, as it currently appears on the record
  - Date of birth
  - Birthplace city and county
  - Child's new last name as it should appear on the birth certificate only if the name is changing. Enter "N/A" if not changing.

Section 1 — Child (as named on birth certificate)			**CSP Use Only**
Child's name: First	Middle	Last	Suffix (Example: Jr. or Sr.)	
Date of birth: (mm/dd/yyyy)	Birthplace: City	County	Child's new last name as it should appear on birth certificate: ("N/A" if not changing)	

- **Section 2 – Parent who gave birth to the child, include:**
  - Parent who gave birth current full name
  - Present address
  - Social Security Number, if willing to share
  - Date of birth
  - Birthplace State
  - Last name before any marriages; also known as maiden name
  - Daytime telephone number

Section 2 — Parent who gave birth to the child					
Name: First	Middle	Last	Suffix (Example: Jr. or Sr.)		
Present address: No. and street	City	State	Zip	Social Security number:	
Date of birth: (mm/dd/yyyy)	Birthplace State: (If not United States, name country)	Last name before any marriages: (Maiden name)	Daytime phone number:		

- **Section 3 – Alleged genetic parent**
  - Alleged genetic parent name
  - Present address
  - Social Security Number, if willing to share
  - Date of birth
  - Birthplace State
  - Daytime telephone number

Section 3 — Alleged genetic parent					
Name: First	Middle	Last	Suffix (Example: Jr. or Sr.)		
Present address: No. and street	City	State	Zip	Social Security number:	
Date of birth: (mm/dd/yyyy)	Birthplace State: (If not United States, name country)			Daytime phone number:	

- **Section 4 – Marriage after child's birth**
    - This section is not mandatory. Only complete it if the parents of a child born out of wedlock were married after the child was born. Enter the date and County in which the marriage took place. If applicable, enter the parent who gave birth to the child's new name as it should appear on the birth certificate. If the marriage took place outside of Oregon, provide a certified copy of the marriage certificate with this Affidavit. If the marriage took place in Oregon, you do not need to provide your marriage certificate. We can use the information provided in this section to locate your Oregon marriage record.

Section 4 — (This section is optional) Marriage after child's birth	
Date of marriage: (mm/dd/yyyy)	If married in Oregon, enter the county of marriage:
If applicable, new name of parent who gave birth to the child as it should appear on the child's new birth certificate:	

4. **Check names on the Affidavit and make sure they match the names provided on the birth parent worksheet that was completed at the birthing facility.** The child's full name and the parent that gave birth's last name before any marriages (maiden last name) on the form must exactly match the names on the birth record. Putting different parent names on the form will not change the names on the birth record.

5. **Provide name change documents for parent who gave birth's name.** If the parent who gave birth's current legal name no longer matches the legal name they were using when the child was born, provide a copy of the document that granted the name change. This document is needed to verify the parent who gave birth listed on the record and the parent who gave birth named in the Affidavit are the same person. Examples of documents that can change a name are marriage records and court orders of name change.

6. **Check for alterations.** It is best not to change or alter information on the form. This is a legal form; it cannot be altered once it is filled out. Redo the form if a mistake is made.

7. **Print name, sign, and date the form in the presence of a notary who must witness the parent who gave birth and the alleged genetic parent signatures.**

Important: Wait to complete this step until you are with the notary!

Parent who gave birth to the child's name and signature — Do Not Sign Until Notary Is Present			
Parent who gave birth to the child's printed name	x Parent who gave birth to the child's signature		Date signed: (mm/dd/yyyy)
NOTARY: Signed in the state of:	County of:		**Notary Seal**
This instrument was acknowledged on: (mm/dd/yyyy)	By: (Name of parent who gave birth to the child)		
x Signature of notarial officer		My commission expires: (mm/dd/yyyyy)	
Alleged genetic parent's name and signature — Do Not Sign Until Notary Is Present			
Alleged genetic parent's printed name	x Alleged genetic parent's signature		Date signed: (mm/dd/yyyy)
NOTARY: Signed in the state of:	County of:		**Notary Seal**
This instrument was acknowledged on: (mm/dd/yyyy)	By: (Name alleged genetic parent)		
x Signature of notarial officer		My commission expires: (mm/dd/yyyyy)	
For Vital Records use only Date filed: (mm/dd/yyyy)	Per ORS 432.098(1)(d) Parentage is established upon filing of this form by the State Registrar of the Center for Health Statistics		

8. **Mail the form and any applicable fees to Oregon Vital Records, PO Box 14050, Portland, OR 97293-0050.** We offer a two-week window for free processing for these Affidavits. To qualify for free processing a completed and notarized Affidavit must be submitted to our office no more than two weeks from the child's date of birth. A $35 processing fee is required for Affidavits that are submitted more than two weeks after the child is born.

If you need additional assistance or have questions about the Acknowledgment of Parentage, contact the Amendments unit at CHS.Amendments@oha.oregon.gov.