Voluntary Acknowledgment of Parentage (Form 45-31) Laws and Instructions

Parentage Laws and Rules: ORS 432.088(9)(a)(b), 432.093, 432.098

- Hospitals or other health care facilities shall make available to all non-married parents that give birth a Voluntary Acknowledgment of Parentage form. The form (45-31) must be signed in the facility, in front of a facility witness. **This form may only be used while the parent who gave birth (mother) is a patient of the facility where they gave birth, and within 5 days from the date of birth.** There is no fee for parents who complete this paperwork while the parent who gave birth is admitted to the hospital or other birthing facility.

- If the parent who gave birth is married or in an Oregon Registered Domestic Partnership (ORDP) within 300 days prior to the birth of the child, or at any time during their pregnancy (including date of conception, date of birth, or anytime in between), their spouse/registered domestic partner is the only person that may be listed as the alleged genetic parent (father/second parent) on the record, even if they are not the genetic parent. If the parent who gave birth is married or in an ORDP, but not to the alleged genetic parent and they want the alleged genetic parent listed on the birth record, then the parent who gave birth or the alleged genetic parent will need to obtain a court judgment disestablishing the spouse/registered domestic partner and naming someone else as the alleged genetic parent (father). Also, the parent who gave birth can refuse to list their spouse/registered domestic partner as the alleged genetic parent. The State office may be contacted for more details on this process at CHS.Amendments@oha.oregon.gov.

- This form is NOT valid if either person signing the acknowledgment has:
  1. signed a consent to the adoption of the child, or signed a document relinquishing the child to a public or private child-caring agency;
  2. had their parental rights terminated by a court; or,
  3. been determined not to be the parent in adjudication.

- For 60 days after filing a Voluntary Acknowledgment of Parentage, either parent has the right to remove the alleged genetic parent from the birth certificate. Either parent can call the state office and request information about removing the alleged genetic parent from the record. A "Rescind" or "Take Back of Parentage Acknowledgment" form must be completed and postmarked within 60 days of the date that the Voluntary Acknowledgment of Parentage was filed, per ORS 109.070. You may challenge this Acknowledgment at any time if you can prove fraud, duress or material mistake of fact.

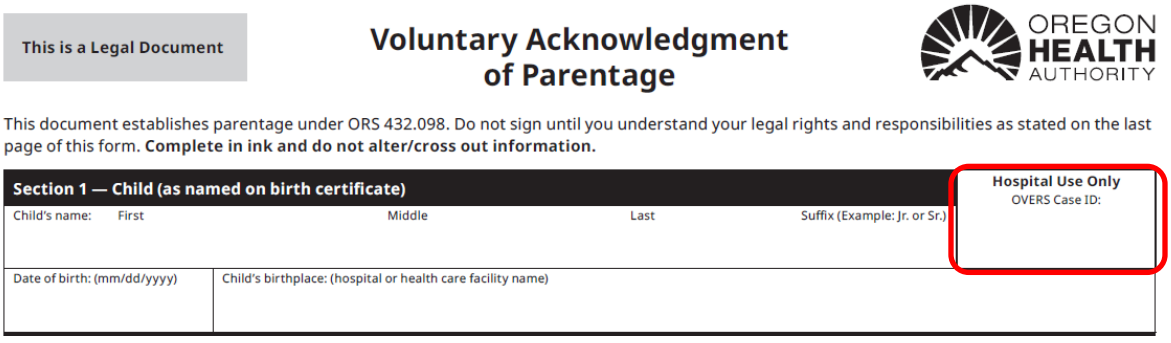
- It is the responsibility of the parents to get the alleged genetic parent listed on the birth certificate if the parent that gave birth leaves the hospital or other health care facility without completing a Voluntary Acknowledgment of Parentage. At any time thereafter, parentage can be established with the signing of a form called the "Voluntary Acknowledgment of Parentage Affidavit" (Form 45-21). This form must be signed by both parents in the presence of a notary. Hospitals and other facilities may give this form to the parents, or the parents can download the form in English or Spanish or request the form from the State Vital Records office by emailing CHS.Amendments@oha.oregon.gov or calling 971-673-1190. There is a $35.00 amendment fee for adding the alleged genetic parent's name if the Voluntary Acknowledgment of Parentage Affidavit form is filed more than 14 days after the date of birth.

- According to state law, parents must have the "Statement of Rights, Responsibilities, Alternatives, and Consequences read to them by the hospital witness. A larger print version can be found on the Vital Records website or at https://bit.ly/orvrBIS.

- Parents must print and sign their own names and write (in their own hands) the date that they signed the form. This information may not be typed or filled out by hospital staff.

Instructions

1) Enter the OVERS birth record Case ID number in the Hospital Use Only box. Do not write in the margins or across the top of the form.



This is a Legal Document

Voluntary Acknowledgment of Parentage

OREGON HEALTH AUTHORITY

This document establishes parentage under ORS 432.098. Do not sign until you understand your legal rights and responsibilities as stated on the last page of this form. **Complete in ink and do not alter/cross out information.**

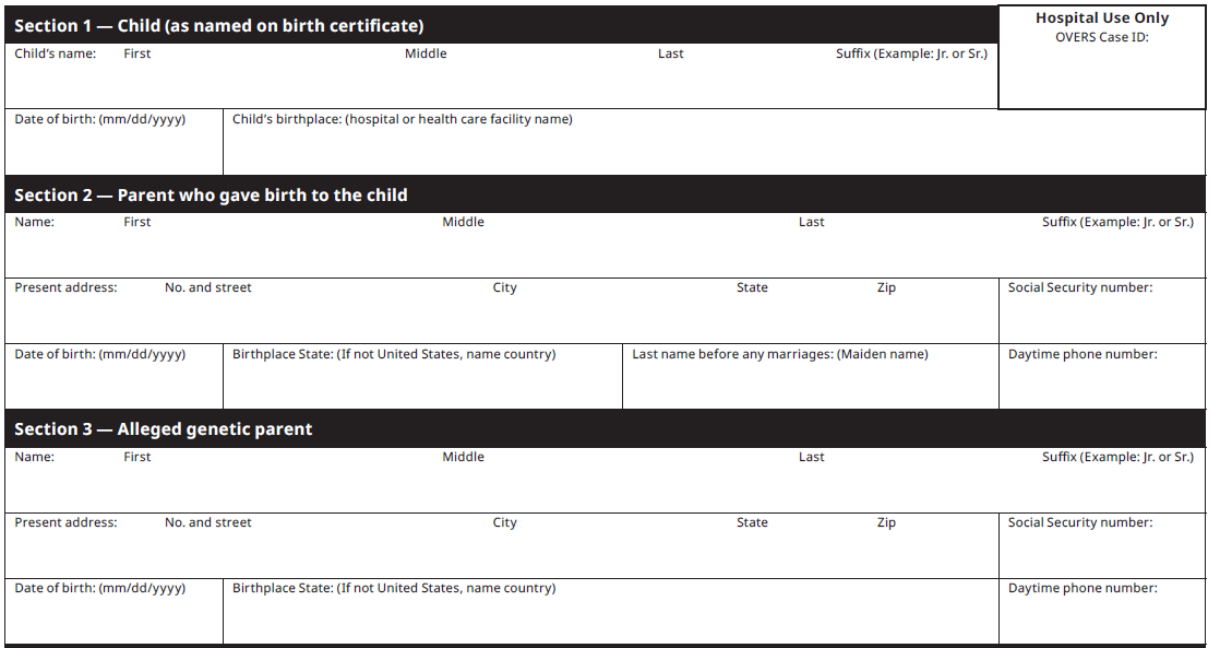
Section 1 — Child (as named on birth certificate)

Hospital Use Only
OVERS Case ID:

Child's name: First | Middle | Last | Suffix (Example: Jr. or Sr.)

Date of birth: (mm/dd/yyyy) | Child's birthplace: (hospital or health care facility name)

2) Have the parent's complete sections 1, 2, and 3. **All fields must be completed** with the required information pertaining to the child, parent who gave birth, and alleged genetic parent.



Section 1 — Child (as named on birth certificate)				**Hospital Use Only** OVERS Case ID:
Child's name: First	Middle	Last	Suffix (Example: Jr. or Sr.)	
Date of birth: (mm/dd/yyyy)	Child's birthplace: (hospital or health care facility name)			
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				
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:

The birth information specialist or labor and delivery staff should verify that each section is complete and that the names match the birth parent worksheet. Every effort should be made to gather **all** requested information about the parents.

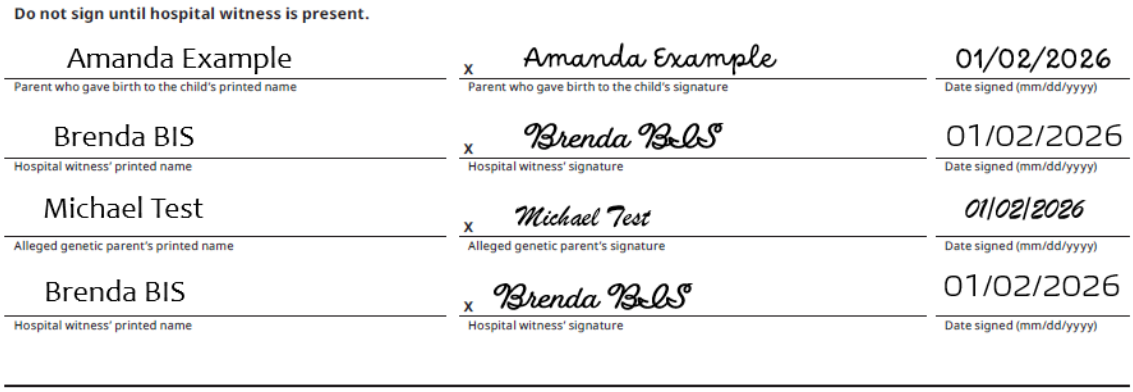
A common question concerns the **"Last name before any marriages (Maiden Name)"** field. This is the last name on the birth certificate for the parent that gave birth or the last name at birth or upon adoption.

If information such as Social Security Number, Daytime Telephone Number, or Present Address is not known, enter either "None" or "Unknown" in the space provided. **Do not leave any space blank**.

Note: The information that is entered in OVERS for the alleged genetic parent must match the AOP exactly.

3) The hospital witness reads the Statement of Rights, Responsibilities, Alternatives and Consequences to the parents.

4) In Section 4, the parents read the Acknowledgment and write in their printed names. Next, they sign and date the form in the presence of a hospital witness. The hospital witness then signs and dates the form.



Signature lines contain the most common errors on the parentage form. Make sure that the parents **print** their legal names, **sign** their legal names, and **date their signatures.** Do not type these dates. They should be printed by the signers (parents and witnesses).

Signature dates for the parent who gave birth and the parent who gave birth's witness must be on the same date. Likewise, signatures for the alleged genetic parent and the alleged genetic parent's witness must be on the same date. The dates when parents sign do not have to be the same date, but they both must be within five days of birth and the parent who gave birth is still admitted at the hospital. The printed dates must be legible. If an error is made in the date section, the date may be corrected, and the correction initialed by the parent or witness who made the error. Corrections cannot be made for another signer.

5) If you have the triplicate form at your facility, once the Acknowledgment is completed, the instructions page is removed and can be discarded or given to parents. The second page is sent to the State Vital Records office, and the last two pages go to the parents. Please remind the parents that **these are their copies of this legal form.** If you are using the form printed from OVERS, then you can make a copy for the parents.

After the Acknowledgment is filed, only the parents listed, the registrant aged 18 or over, or a child support enforcement agency will be able to order it without a court order from an Oregon court.

The Voluntary Acknowledgment of Parentage form is a legal document. It cannot be accepted if it is incomplete, has been altered, or was not signed and dated in the presence of a witness within five days after the birth. Do not use white out. Minor corrections initialed by the person entering the information at the time the form is filled out will be accepted. No corrections will be accepted to the child's name. If the form has been completed incorrectly, the State Vital Records Office (Center for Health Statistics) provides one opportunity to have the alleged genetic parent's name remain on the birth certificate, and establish parentage, without charging additional fees. Both parents must complete and sign a new Voluntary Acknowledgment of Parentage Affidavit (Form 45-21) in the presence of a notary. There will be no fee if the Affidavit form is mailed and postmarked within 14 days of the date of birth. If the form is not returned by the date specified, the alleged genetic parent's name is removed from the birth certificate. Later requests to establish parentage will require a $35 amendment fee, plus a $25 fee for a new certified copy of the birth certificate.

For Additional Information

We appreciate your attention to detail when filling out this form or when assisting families to fill out this form. If you would like training on Acknowledgments of Parentage, email CHS.PartnerServices@oha.oregon.gov. If you have questions regarding completing Acknowledgments of Parentage or filing them with the State, email CHS.Amendments@oha.oregon.gov.

The Center for Health Statistics provides postage-paid envelopes for mailing the forms to the state. To order envelopes or forms, complete the order form available at https://bit.ly/Form45-43 and submit it by email CHS.Registration@oha.oregon.gov or fax 971-673-1201.