

ACKNOWLEDGMENT OF PATERNITY

For a Child Born to an Unmarried Woman

IMPORTANT INFORMATION

This is important information for establishing the paternity of your child.
 For help or translation of the form, please call
 the Bureau of Child Support Enforcement at 1-800-932-0211.

ເລຂາທິການສຳຄັນ ສຳລັບ ການຕັ້ງຊື່ ການບໍ່ເປັນພໍ່ ສຳລັບ ນ້ອງ ສຳລັບ ການດູ່ງເດີນ: ບູລະກອນ ສຳນັກງານສຳເນົາ ທີ່ເມັງເຕີນ ສຳລັບ ນ້ອງ ສຳລັບ ການດູ່ງເດີນ (Bureau of Child Support Enforcement) ແລະ 1-800-932-0211.

Esto es información importante para establecer la paternidad de su hijo. Si necesita ayuda o necesita que le traduzcan el formulario, llame al Departamento de Cumplimiento de Manutención de los Menores (Bureau of Child Support Enforcement) al 1-800-932-0211.

这是关于确定你的孩子的父子关系的重要通知。如需协助或翻译表格, 请致电 1-800-932-0211 联系儿童协助执行局。

Đây là thông tin quan trọng về việc thiết lập tính huyết thống phụ tử cho con em của quý vị. Muốn được trợ giúp hay phiên dịch chi tiết này, xin gọi và liên hệ Bureau of Child Support Enforcement số điện thoại 1-800-932-0211.

Важные сведения для установления отцовства. Если вам нужна помощь или перевод данной формы, звоните в Бюро по взысканию алиментов по телефону 1-800-932-0211.

INSTRUCTIONS - FOR THIS FORM TO BE VALID YOU MUST DO THE FOLLOWING (Vea el dorso para instrucciones en español):

There **must be a Social Security Number**, if available, in the birth mother's and birth father's sections of the Acknowledgment of Paternity form. If a parent does not have a Social Security number, that parent needs to complete the No Social Security Number Declaration on the reverse side of the original form.

Signatures and other information are required for the form to be a valid Acknowledgment of Paternity, including:

- Signature of birth mother, date of signature, and address.*
- Signature of the person who witnessed the birth mother's signature.*
- Signature of birth father, date of signature, and address.
- Signature of the person who witnessed the birth father's signature.

* CLAIM OF PATERNITY

If the birth mother fails or refuses to sign the Acknowledgment of Paternity form, a man who wishes to file a Claim of Paternity for the child must complete all parts of the form except the mother's signature and return the form to the address below. A Claim of Paternity does not give any rights to the man as to the child except that the man will receive notice of any action to terminate parental rights of the child.

CHILD'S BIRTHPLACE INFORMATION

- County Number (CO #) - This is the county in which the child was born. Place the two digit county number in the spaces provided. Please refer to the chart below, titled **COUNTY NUMBERS - NÚMEROS DEL CONDADO**.
- HBU OR CAO CODE - This section is for hospital, DRS, and/or CAO use only! Hospitals are to enter a five-digit HBU number, DRSs and CAOs are to enter a five-digit activity number in the spaces provided.

COUNTY NUMBERS - NÚMEROS DEL CONDADO

Adams	01	Chester	15	Fulton	29	Mercer	43	Sullivan	57
Allegheny	02	Clarion	16	Greene	30	Mifflin	44	Susquehanna	58
Armstrong	03	Clearfield	17	Huntingdon	31	Monroe	45	Tioga	59
Beaver	04	Clinton	18	Indiana	32	Montgomery	46	Union	60
Bedford	05	Columbia	19	Jefferson	33	Montour	47	Venango	61
Berks	06	Crawford	20	Juniata	34	Northampton	48	Warren	62
Blair	07	Cumberland	21	Lackawanna	35	Northumberland	49	Washington	63
Bradford	08	Dauphin	22	Lancaster	36	Perry	50	Wayne	64
Bucks	09	Delaware	23	Lawrence	37	Philadelphia	51	Westmoreland	65
Butler	10	Elk	24	Lebanon	38	Pike	52	Wyoming	66
Cambria	11	Erie	25	Lehigh	39	Potter	53	York	67
Cameron	12	Fayette	26	Luzerne	40	Schuylkill	54		
Carbon	13	Forest	27	Lycoming	41	Snyder	55		
Centre	14	Franklin	28	McKean	42	Somerset	56		

Please return the completed form to:

Commonwealth of Pennsylvania
 Department of Public Welfare
 Bureau of Child Support Enforcement
 PATERNITY COORDINATOR
 P.O. Box 8018
 Harrisburg, PA 17105-8018



6579800606

Acknowledgment of Paternity

FOR A CHILD BORN TO AN UNMARRIED MOTHER
COMMONWEALTH OF PENNSYLVANIA / DEPARTMENT OF PUBLIC WELFARE
BUREAU OF CHILD SUPPORT ENFORCEMENT
P.O. BOX 8018
HARRISBURG, PA 17105-8018

TRACKING NUMBER	FOR OFFICIAL USE ONLY
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RETURN COMPLETED
FORM TO: 

THIS FORM MUST BE COMPLETED IN BLUE OR BLACK INK

PRINT CHILD'S INFORMATION	
(FIRST) Emma	(L, F, I, II, III, IV)
(MIDDLE) Jean	SEX <input type="radio"/> MALE <input checked="" type="radio"/> FEMALE
(LAST) Johnson-Dejesus	
DATE OF BIRTH (MMDDYYYY) 08222006	SOCIAL SECURITY NUMBER, IF AVAILABLE

PRINT CHILD'S BIRTHPLACE INFORMATION	
CITY OF BIRTH Pittsburgh	STATE CO. # PA 02
WAS THE CHILD BORN IN THE UNITED STATES? <input checked="" type="radio"/> YES <input type="radio"/> NO	IF NO, WHAT COUNTRY
FOR OFFICIAL USE ONLY	HBU OR CAO CODE

PRINT BIRTH MOTHER'S INFORMATION	
(FIRST) Sarah	
(MIDDLE) Lynn	
(LAST) Johnson	
SOCIAL SECURITY NUMBER (IF NONE, SEE REVERSE SIDE)	DATE OF BIRTH (MMDDYYYY) 08111984

PRINT BIRTH FATHER'S INFORMATION	
(FIRST) Roberto	(L, F, I, II, IV) JR
(MIDDLE) Allen	
(LAST) Dejesus	
SOCIAL SECURITY NUMBER (IF NONE, SEE REVERSE SIDE) 123456789	DATE OF BIRTH (MMDDYYYY) 08131982

According to Pennsylvania law the father of a child born to an unmarried woman may file an Acknowledgment of Paternity form with the Department of Public Welfare (DPW). (23 Pa. C.S.A. §5103) The Acknowledgment of Paternity form is considered conclusive evidence of paternity that does not require approval by the court.

I understand that:

RIGHTS, RESPONSIBILITIES, AND OBLIGATIONS

- The acknowledgment of paternity is completely voluntary and may be cancelled by either party by submitting a signed written statement to the DPW Paternity Coordinator at: P.O. Box 8018, Harrisburg, PA 17105-8018. The statement must be submitted within 60 days after the Acknowledgment of Paternity form is signed or the date of a court proceeding relating to the child (whichever is sooner). After the 60 days expires, the acknowledgment of paternity may be challenged in court only on the basis of fraud, duress or material mistake of fact, which must be established by the challenger through clear and convincing evidence. An order for support shall not be suspended during the period of challenge, except for good cause.
- By signing this Acknowledgment of Paternity form the father shall have all the rights and duties regarding the child as if he had been married to the mother at the time of the child's birth. The child shall have all the same rights and duties as to the father which the child would have had if the father had been married to the mother at the time of birth.
- By signing this Acknowledgment of Paternity form, the parents are required to provide child support and healthcare coverage until the child reaches at least 18 years of age or graduates high school, whichever occurs later, unless otherwise ordered by the court.
- If both parents sign the Acknowledgment of Paternity form, the father's name shall be listed on the Birth Certificate.
- If the birth mother fails or refuses to sign the Acknowledgment of Paternity form, the alleged father may sign the form. By signing the Acknowledgment without the mother's consent, he has the right to receive notice of any proceeding to terminate any parental rights involving the child.
- If I have any doubt, I may request blood or genetic testing to determine paternity. If I sign this Acknowledgment of Paternity form, I give up the right to blood or genetic testing to determine paternity, unless I cancel the Acknowledgment within 60 days. Contact the Domestic Relations Section of your local county court to request genetic testing.
- If I have any doubt that I am the father of the child, I have the right to speak with an attorney for legal advice, at my own expense.

I hereby consent to the acknowledgment of paternity that the birth father named above is the father of my child named above, and further state that I was unmarried at the time of this child's birth. I understand the Rights, Responsibilities, and Obligations listed above and that false statements made herein are subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities).

SIGNATURE OF BIRTH MOTHER Sarah Lynn Johnson DATE 08222006
 MOTHER'S ADDRESS (Include Street, City, State and Zip Code): 4321 Orchard Lane, Pittsburgh, PA 15201

WITNESSED BY (CANNOT BE BIRTH MOTHER OR BIRTH FATHER): Wilma Rockford

I freely and voluntarily acknowledge that I am the father of the child named above. I understand the Rights, Responsibilities, and Obligations listed above and that false statements made herein are subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities).

SIGNATURE OF BIRTH FATHER Roberto Allen Dejesus DATE 08222006
 FATHER'S ADDRESS (Include Street, City, State and Zip Code): 4321 Orchard Lane, Pittsburgh, PA 15201

WITNESSED BY (CANNOT BE BIRTH MOTHER OR BIRTH FATHER): Wilma Rockford

No Social Security Number Declaration

Declaración De Que No Tiene

Número de Seguro Social

I declare that I do not have a Social Security number. I understand that false statements made herein are subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities).

Declaro que no tengo número de Seguro Social. Entiendo que hacer declaraciones falsas aquí quedaría sujeto a las penalidades de 18 Pa. C.S. §4904 (relativa a la falsificación de declaraciones no juramentadas ante las autoridades.)

Sarah Lynn Johnson

Print Mother's Name
Escriba en letra de imprenta
el nombre de la madre

Sarah Lynn Johnson

Mother's Signature
Firma de la Madre

8-22-2006

Date
Fecha

I declare that I do not have a Social Security number. I understand that false statements made herein are subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities).

Declaro que no tengo número de Seguro Social. Entiendo que hacer declaraciones falsas aquí quedaría sujeto a las penalidades de 18 Pa. C.S. §4904 (relativa a la falsificación de declaraciones no juramentadas ante las autoridades.)

Print Father's Name
Escriba en letra de imprenta
el nombre del padre

Father's Signature
Firma del Padre

Date
Fecha

Note: If a parent does not have a Social Security number and the No Social Security Number Declaration is not provided, the Acknowledgment of Paternity form will be rejected. This will cause a delay in establishing paternity for the child and in receiving a birth certificate listing the father's name.

Nota: Si la madre y/o el padre no tienen número de Seguro Social y no proporcionan la Declaración de Que No Tienen Número de Seguro Social, el formulario de Reconocimiento de Paternidad será rechazado. Esto causará un retraso en el establecimiento de la paternidad del hijo y en recibir el certificado de nacimiento con el nombre del padre.