



**TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF LIVE BIRTH**

STATE FILE NUMBER: **141-**

CHILD	1. CHILD'S NAME (First, Middle, Last, Suffix)					
	2. SEX	3. DATE OF BIRTH (Mo/Day/Yr)	4. TIME OF BIRTH (24 Hour)	5. FACILITY NAME (If not institution, give street and number)		
	6. CITY, TOWN, OR LOCATION OF BIRTH			7. COUNTY OF BIRTH		
MOTHER	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)			8b. DATE OF BIRTH (Mo/Day/Yr)		
	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)			8d. BIRTHPLACE (State, Territory, or Foreign Country)		
	9a. RESIDENCE OF MOTHER-STATE OR COUNTRY		9b. COUNTY	9c. CITY, TOWN, OR LOCATION		
	9d. STREET AND NUMBER		9e. APT. NO.	9f. ZIP CODE	9g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	10. MOTHER'S MAILING ADDRESS <input type="checkbox"/> Same as residence, or:					
	Street and Number		Apt. No	City	State or Country	Zip Code
FATHER	11a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		11b. DATE OF BIRTH (Mo/Day/Yr)	11c. BIRTHPLACE (State, Territory, or Foreign Country)		
	12. CERTIFIER'S SIGNATURE AND DATE CERTIFIED					
CERTIFIER	SIGNATURE _____			DATE SIGNED (Mo/Day/Yr) _____		
	TITLE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL DESIGNEE <input type="checkbox"/> CNM/CM <input type="checkbox"/> CPM <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other, Specify _____					
	CERTIFIER'S PRINTED NAME _____					
13. REGISTRAR'S SIGNATURE				14. DATE FILED BY REGISTRAR (Mo/Day/Yr)		

PH - 1651A
Rev. (1/04)

RDA 1399

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

15. MOTHER'S MEDICAL RECORD NO.	16. CHILD'S MEDICAL RECORD NO.	17. NEWBORN SCREENING SPECIMEN CONTROL NO.	18. FACILITY ID (NPI)
19. MOTHER MARRIED AT BIRTH, CONCEPTION, OR ANY TIME BETWEEN ? IF NO, HAS PATERNITY ACKNOWLEDGMENT FORM BEEN COMPLETED?		<input type="checkbox"/> Yes <input type="checkbox"/> No	20. SOCIAL SECURITY CARD REQUESTED FOR CHILD? <input type="checkbox"/> Yes <input type="checkbox"/> No
21. MOTHER'S SOCIAL SECURITY NO.		22. FATHER'S SOCIAL SECURITY NO.	

MOTHER	<p>23. MOTHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)</p> <p><input type="checkbox"/> 8th grade or less</p> <p><input type="checkbox"/> 9th – 12th grade, no diploma</p> <p><input type="checkbox"/> High school graduate or GED completed</p> <p><input type="checkbox"/> Some college credit but no degree</p> <p><input type="checkbox"/> Associate degree (e.g. AA, AS)</p> <p><input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS)</p> <p><input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)</p> <p><input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)</p> <p><input type="checkbox"/> Unknown</p>	<p>24. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina)</p> <p><input type="checkbox"/> No, not Spanish/Hispanic/Latina</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicana</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, other Spanish/Hispanic/Latina Specify _____</p> <p><input type="checkbox"/> Unknown</p>	<p>25a. MOTHER'S RACE (Check one or more races to indicate what the mother considers herself to be)</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> American Indian or Alaska Native Name of the enrolled or principle tribe _____</p> <p><input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian, Specify _____</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander, Specify _____</p> <p><input type="checkbox"/> Other, Specify _____</p> <p><input type="checkbox"/> Unknown</p> <p>25b. Which of the above does the mother consider her primary race?</p> <p>_____</p>																					
FATHER	<p>26. FATHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)</p> <p><input type="checkbox"/> 8th grade or less</p> <p><input type="checkbox"/> 9th – 12th grade, no diploma</p> <p><input type="checkbox"/> High school graduate or GED completed</p> <p><input type="checkbox"/> Some college credit but no degree</p> <p><input type="checkbox"/> Associate degree (e.g. AA, AS)</p> <p><input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS)</p> <p><input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)</p> <p><input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)</p> <p><input type="checkbox"/> Unknown</p>	<p>27. FATHER OF HISPANIC ORIGIN? (Check the box that best describes whether the father is Spanish/Hispanic/Latino. Check the "No" box if father is not Spanish/Hispanic/Latino)</p> <p><input type="checkbox"/> No, not Spanish/Hispanic/Latino</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, other Spanish/Hispanic/Latino Specify _____</p> <p><input type="checkbox"/> Unknown</p>	<p>28a. FATHER'S RACE (Check one or more races to indicate what the father considers himself to be)</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> American Indian or Alaska Native Name of the enrolled or principle tribe _____</p> <p><input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian, Specify _____</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander, Specify _____</p> <p><input type="checkbox"/> Other, Specify _____</p> <p><input type="checkbox"/> Unknown</p> <p>28b. Which of the above does the father consider his primary race?</p> <p>_____</p>																					
MEDICAL AND HEALTH INFORMATION	<p>29. PLACE WHERE BIRTH OCCURRED</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Freestanding birthing center</p> <p><input type="checkbox"/> Home Birth: Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Clinic/Doctor's office</p> <p><input type="checkbox"/> Other, Specify _____</p>		<p>30. ATTENDANT'S NAME, TITLE, AND NPI</p> <p>NAME: _____</p> <p>TITLE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM/CM <input type="checkbox"/> CPM <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other, Specify _____</p> <p>NPI: _____</p>	<p>31. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, enter name of facility mother transferred from: _____</p>																				
<p>32. DID THE MOTHER RECEIVE PRENATAL CARE?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>33. TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY</p> <p>_____ (If none, enter 0)</p>	<p>34a. DATE OF FIRST PRENATAL CARE VISIT</p> <p>____/____/____</p> <p style="text-align:center;">M M / D D / Y Y Y Y</p>	<p>34b. DATE OF LAST PRENATAL CARE VISIT</p> <p>____/____/____</p> <p style="text-align:center;">M M / D D / Y Y Y Y</p>																				
<p>35. MOTHER'S HEIGHT</p> <p>_____ (feet/inches)</p>		<p>36. MOTHER'S PREPREGNANCY WEIGHT</p> <p>_____ (pounds)</p>	<p>37. MOTHER'S WEIGHT AT DELIVERY</p> <p>_____ (pounds)</p>	<p>38. DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																				
<p>39. NUMBER OF PREVIOUS LIVE BIRTHS (Do not include this child)</p> <p>39a. Now living _____</p> <p><input type="checkbox"/> None</p> <p>39b. Now dead _____</p> <p><input type="checkbox"/> None</p>		<p>39c. Date of last live birth</p> <p>____/____/____</p> <p style="text-align:center;">M M / Y Y Y Y</p>	<p>40. NUMBER OF OTHER PREGNANCY OUTCOMES</p> <p>40a. Other outcomes _____</p> <p><input type="checkbox"/> None</p> <p>40b. Date of last other pregnancy outcome</p> <p>____/____/____</p> <p style="text-align:center;">M M / Y Y Y Y</p>	<p>41. DATE LAST NORMAL MENSES BEGAN</p> <p>____/____/____</p> <p style="text-align:center;">M M / D D / Y Y Y Y</p>																				
<p>42. PRINCIPLE SOURCE OF PAYMENT FOR THIS DELIVERY</p> <p><input type="checkbox"/> Private Insurance</p> <p><input type="checkbox"/> Medicaid/TennCare</p> <p><input type="checkbox"/> Self-pay</p> <p><input type="checkbox"/> Other, Specify: _____</p>		<p>43. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked. If none, enter "0".</p> <p style="text-align:center;">Average number of cigarettes or packs of cigarettes smoked per day</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%;"></td> <td style="width:25%; text-align:center;"># of cigarettes</td> <td style="width:10%; text-align:center;">or</td> <td style="width:15%; text-align:center;"># of packs</td> </tr> <tr> <td>Three Months Before Pregnancy</td> <td style="text-align:center;">_____</td> <td style="text-align:center;">or</td> <td style="text-align:center;">_____</td> </tr> <tr> <td>First Three Months of Pregnancy</td> <td style="text-align:center;">_____</td> <td style="text-align:center;">or</td> <td style="text-align:center;">_____</td> </tr> <tr> <td>Second Three Months of Pregnancy</td> <td style="text-align:center;">_____</td> <td style="text-align:center;">or</td> <td style="text-align:center;">_____</td> </tr> <tr> <td>Last Three Months of Pregnancy</td> <td style="text-align:center;">_____</td> <td style="text-align:center;">or</td> <td style="text-align:center;">_____</td> </tr> </table>				# of cigarettes	or	# of packs	Three Months Before Pregnancy	_____	or	_____	First Three Months of Pregnancy	_____	or	_____	Second Three Months of Pregnancy	_____	or	_____	Last Three Months of Pregnancy	_____	or	_____
	# of cigarettes	or	# of packs																					
Three Months Before Pregnancy	_____	or	_____																					
First Three Months of Pregnancy	_____	or	_____																					
Second Three Months of Pregnancy	_____	or	_____																					
Last Three Months of Pregnancy	_____	or	_____																					

MEDICAL AND HEALTH INFORMATION	44. RISK FACTORS IN THIS PREGNANCY (Check all that apply) Diabetes <input type="checkbox"/> Prepregnancy (Diagnosis prior to this pregnancy) <input type="checkbox"/> Gestational (Diagnosis in this pregnancy) Hypertension <input type="checkbox"/> Prepregnancy (Chronic) <input type="checkbox"/> Gestational (PIH, preeclampsia, eclampsia) <input type="checkbox"/> Previous preterm birth <input type="checkbox"/> Other previous poor pregnancy outcome (includes perinatal death, small for gestational age/intrauterine growth restricted birth) <input type="checkbox"/> Vaginal bleeding during this pregnancy prior to the onset of labor <input type="checkbox"/> Pregnancy resulted from infertility treatment <input type="checkbox"/> Mother had a previous cesarean delivery. If yes, how many _____ <input type="checkbox"/> None of the above	46. OBSTETRIC PROCEDURES (Check all that apply) <input type="checkbox"/> Cervical cerclage <input type="checkbox"/> Tocolysis External cephalic version <input type="checkbox"/> Successful <input type="checkbox"/> Failed <input type="checkbox"/> None of the above	49. METHOD OF DELIVERY A. Was delivery with forceps attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No B. Was delivery with vacuum extraction attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No C. Fetal presentation at birth <input type="checkbox"/> Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Other D. Final route and method of delivery (Check one) <input type="checkbox"/> Vaginal/Spontaneous <input type="checkbox"/> Vaginal/Forceps <input type="checkbox"/> Vaginal/Vacuum <input type="checkbox"/> Cesarean If cesarean, was a trial of labor attempted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	45. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY (Check all that apply) <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Syphilis <input type="checkbox"/> Herpes Simplex Virus (HSV) <input type="checkbox"/> Chlamydia <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> None of the above	47. ONSET OF LABOR (Check all that apply) <input type="checkbox"/> Premature rupture of the membranes (prolonged, ≥ 12 hrs) <input type="checkbox"/> Precipitous labor (<3 hrs) <input type="checkbox"/> Prolonged labor (≥ 20 hrs) <input type="checkbox"/> None of the above	48. CHARACTERISTICS OF LABOR AND DELIVERY (Check all that apply) <input type="checkbox"/> Induction of labor <input type="checkbox"/> Augmentation of labor <input type="checkbox"/> Non-vertex presentation <input type="checkbox"/> Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery <input type="checkbox"/> Antibiotics received by the mother during labor <input type="checkbox"/> Clinical chorioamnionitis diagnosed during labor or maternal temperature $\geq 38^{\circ}\text{C}$ (100.4°F) <input type="checkbox"/> Moderate/heavy meconium staining of the amniotic fluid <input type="checkbox"/> Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment or operative delivery <input type="checkbox"/> Epidural or spinal anesthesia during labor <input type="checkbox"/> None of the above

NEWBORN INFORMATION

NEWBORN	51. BIRTHWEIGHT (grams preferred, specify unit) _____ <input type="checkbox"/> grams <input type="checkbox"/> lb/oz	56. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply) <input type="checkbox"/> Assisted ventilation required immediately following delivery <input type="checkbox"/> Assisted ventilation required for more than six hours <input type="checkbox"/> NICU admission <input type="checkbox"/> Newborn given surfactant replacement therapy <input type="checkbox"/> Antibiotics received by the newborn for suspected neonatal sepsis <input type="checkbox"/> Seizure or serious neurologic dysfunction <input type="checkbox"/> Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention) <input type="checkbox"/> None of the above	57. CONGENITAL ANOMALIES OF THE NEWBORN (Check all that apply) <input type="checkbox"/> Anencephaly <input type="checkbox"/> Meningocele/Spina bifida <input type="checkbox"/> Cyanotic congenital heart disease <input type="checkbox"/> Congenital diaphragmatic hernia <input type="checkbox"/> Omphalocele <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Limb reduction defect (excluding congenital amputation and dwarfing syndromes) <input type="checkbox"/> Cleft lip with or without Cleft palate <input type="checkbox"/> Cleft palate alone Down Syndrome <input type="checkbox"/> Karyotype confirmed <input type="checkbox"/> Karyotype pending Suspected chromosomal disorder <input type="checkbox"/> Karyotype confirmed <input type="checkbox"/> Karyotype pending <input type="checkbox"/> Hypospadias <input type="checkbox"/> None of the anomalies listed above
	52. OBSTETRIC ESTIMATE OF GESTATION _____ (completed weeks)	58. WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of facility infant transferred to: _____	60a. IS INFANT LIVING AT TIME OF REPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Infant transferred, status unknown
	53. APGAR SCORE Score at 5 minutes _____ If 5 minute score is less than 6, what is the Score at 10 minutes _____	59. IS INFANT BEING BREASTFED? <input type="checkbox"/> Yes <input type="checkbox"/> No	60b. If not living, give date of death _____ / _____ / _____ M M / D D / Y Y Y Y
	54. PLURALITY (Single, Twin, Triplet, etc.) Specify _____	61. WHAT LANGUAGE IS SPOKEN PREDOMINANTLY IN THE HOME? <input type="checkbox"/> English <input type="checkbox"/> Spanish/Spanish Creole <input type="checkbox"/> German <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Arabic <input type="checkbox"/> Other, Specify _____ <input type="checkbox"/> Unknown	62. WHAT IS THE COMBINED HOUSEHOLD INCOME FOR THE LAST 12 MONTHS? <input type="checkbox"/> < \$10,000 <input type="checkbox"/> \$25,000 - \$34,999 <input type="checkbox"/> \$75,000 - \$99,999 <input type="checkbox"/> \$10,000 - \$14,999 <input type="checkbox"/> \$35,000 - \$49,999 <input type="checkbox"/> \$100,000 or more <input type="checkbox"/> \$15,000 - \$24,999 <input type="checkbox"/> \$50,000 - \$74,999 <input type="checkbox"/> Unknown/Refused
	55. IF NOT SINGLE BIRTH (Born First, Second, Third etc.) Specify _____		

HOUSEHOLD	61. WHAT LANGUAGE IS SPOKEN PREDOMINANTLY IN THE HOME? <input type="checkbox"/> English <input type="checkbox"/> Spanish/Spanish Creole <input type="checkbox"/> German <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Arabic <input type="checkbox"/> Other, Specify _____ <input type="checkbox"/> Unknown
------------------	---



STATE OF TENNESSEE
Department of Health
VITAL RECORDS

State File Number

REPORT OF FOREIGN BIRTH

1. Full Name of Child _____

2. Date of Birth _____

3. Sex _____

4. Place of Birth _____

City

Province

Country

5. Full Name of Father _____

6. Full Maiden Name of Mother _____

7. Legal Residence of Parents _____

City

County

State

8. Documents establishing the foregoing facts are on file in the Department of Public Health pursuant to Vital Records Act of 1977.

Date Filed: _____

State Registrar _____

THIS REPORT IS NOT EVIDENCE OF UNITED STATES CITIZENSHIP

PH-1184

RDA 1399



**TENNESSEE DEPARTMENT OF HEALTH
DELAYED CERTIFICATE OF BIRTH**

STATE FILE NUMBER: _____

D

1. NAME AT BIRTH _____ FIRST _____ MIDDLE _____ LAST _____ 2. DATE OF BIRTH _____ MONTH _____ DAY _____ YEAR _____
3. COUNTY OF BIRTH _____ 4. CITY OR TOWN OF BIRTH _____ 5. SEX _____
6. FATHER: (FULL NAME) _____ 7. BIRTHPLACE _____ STATE OR COUNTRY _____
8. MOTHER: (FULL MAIDEN NAME) _____ 9. BIRTHPLACE _____ STATE OR COUNTRY _____
- I HEREBY CERTIFY, ON OATH, THAT THE ABOVE STATEMENTS ARE TRUE. (TO BE SIGNED BY THE PARENT OR LEGAL GUARDIAN IF REGISTRANT IS UNDER 12 YEARS OF AGE)
10. SIGNATURE OF REGISTRANT _____

CURRENT ADDRESS _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

SUBSCRIBED AND SWORN _____ DAY OF _____ IN THE YEAR _____

BEFORE ME ON THE _____

SEAL _____ NOTARY PUBLIC _____ MY COMMISSION EXPIRES _____

ABSTRACT OF SUPPORTING EVIDENCE

NAME AND TYPE OF DOCUMENT (INCLUDING BY WHOM ISSUED AND SIGNED AND DATE OF ISSUANCE)	DATE ORIGINAL DOCUMENT WAS MADE
1	
2	
3	
4	
5	
6	

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE

BIRTH DATE OR AGE	BIRTHPLACE	NAME OF FATHER	FULL NAME OF MOTHER
1			
2			
3			
4			
5			
6			

I HEREBY CERTIFY THAT I HAVE EXAMINED THE _____ DOCUMENTS ABSTRACTED ABOVE, FIND THEM VALID, AND THAT THE INFORMATION CONTAINED THEREIN IS AS NOTED ABOVE, AND RECOMMEND THAT THIS DELAYED CERTIFICATE OF BIRTH BE ACCEPTED FOR FILING BY THE OFFICE OF VITAL RECORDS, TENNESSEE DEPARTMENT OF HEALTH.

ADDRESS: State of Tennessee Department of Health, Office of Vital Records, 421 5th Avenue North, 1st Floor Central Services Building, Nashville, Tennessee 37243

APPROVED: _____ Title: **State Registrar** DATE: _____ BY: _____



TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS

Application to Amend a Tennessee Birth Record

Applicant's Name: _____ (Please print)

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Signature: _____ Relationship to Registrant: _____

Part I. Enter the name, date and county of birth, and names of parents **as shown on the record**. If the child's name does not appear on the birth record, enter "Not shown" in the first item. **(Type or print)**

1. Full Name of Child (Registrant)		2. Date of Birth	
3. County of Birth	4. Sex	5. State File Number (if known)	
6. Full Name of Father (if listed on the birth record)		7. Full Maiden Name of Mother	

Part II. Item(s) on the record to be corrected. **(Type or print)**

8. Item or item number (if known)	9. Information currently listed	10. Correct information
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____

Part III. The affidavit should be signed by * the registrant (must be at least 18 years of age), parent(s) listed on birth record, or legal guardian (provide a copy of guardianship papers). This **MUST** be signed in front of a Notary Public.
 I/ _____ and
 I/ _____, make(s) oath the information
 in Item #10 above is true and correct. **Please Print the Name(s).**

_____ *Signature Relationship to Registrant _____ Sworn to and subscribed before me on ____ / ____ / ____ in the State of _____, County of _____. SEAL _____ Signature of Notary Public _____ My commission expires	_____ *Signature Relationship to Registrant _____ Sworn to and subscribed before me on ____ / ____ / ____ in the State of _____, County of _____. SEAL _____ Signature of Notary Public _____ My commission expires
--	--

Part IV. Examples of amendments and the types of documents required to amend the birth record. Generally, the affidavit and one acceptable document are sufficient. Note: Some amendments may require additional documentary evidence.
No white-out or mark-thrus or erasures.

Examples of amendments on birth records

Types of documents

Name

A. Not named at birth

- Under one year old.....affidavit signed by parent(s) listed on birth record (no evidence needed)
- Age 1-17.....affidavit signed by a parent listed on the birth record (no evidence needed)
- Age 18 and older.....affidavit signed by a parent listed on the birth record (no evidence needed) OR affidavit signed by registrant and at least one document from Part V

B. Minor changes to spelling.....affidavit signed by registrant or parent and at least on document from Part V (Names having the same sound or transposition of letters)

C. Significant change in namea certified court order (for instructions on how to obtain an order, contact the court clerk’s office in your county of residence)**
 (**first, middle, or last)

Date of birth

A. Month and/or year.....affidavit and one document (see Part V) created prior to 10th birthday

B. Day.....affidavit and one document (see Part V) created prior to 21st birthday

Sex.....affidavit and one document (see Part V) created prior to 10th birthday

Parents’ information.....affidavit of that parent and a certified copy of his/her birth record

This form cannot be used to add or change a father on the birth record.

Part V. Suggested types of documentary evidence. The document must show the correct information requested in item 10 along with the person’s full name, age or date of birth, and the date the record was made. The document should be the closest available record after birth unless otherwise stated on this form. A document’s acceptability is at the discretion of our office.

- | | |
|--|---|
| <p>1. Medical record (no shot records)</p> <p>2. School record
Must be certified by custodian of school records.</p> <p>3. Federal Census record
Upon request, an application can be mailed to you.</p> <p>4. Social Security transcript (NUMI)
Upon request, an application can be mailed to you.</p> | <p>5. Parent’s certified birth or death certificate</p> <p>6. Child’s certified birth certificate</p> <p>7. DD-214</p> <p>8. Certified copy of Marriage Certificate</p> |
|--|---|

This application, supporting document(s), and the amendment fee of \$15.00 should be submitted to: **TN Vital Records**
421 5th Avenue North
1ST Floor CSB
Nashville, TN 37243
615-532-2685

This fee does not include the cost of a certified copy of the record after the amendment is completed. Enclose the additional fee of \$15.00 for a certified long form copy of the birth record; additional copies are \$5.00 each.



VOLUNTARY ACKNOWLEDGMENT OF PATERNITY
 STATE OF TENNESSEE
 DEPARTMENT OF HEALTH-OFFICE OF VITAL RECORDS
 DEPARTMENT OF HUMAN SERVICES

CERTIFICATE NUMBER

TENNESSEE CODE ANNOTATED, SECTIONS 24-7-113, 68-3-203, 68-3-302 AND 68-3-305

INSTRUCTIONS

1. This is a legal form. Please read it carefully.
2. **Do not** sign this form until you have received an oral presentation of your rights and responsibilities. **Do not** sign this form if you do not understand what it means.
3. Use black ink. Do not use any white out or erasures or the form will **not** be accepted.
4. Once this form has been filed with the Tennessee Vital Records Office, a court order will be required to make changes in the child's name; provided, however, if either parent rescinds (cancels) the acknowledgment of paternity within the sixty (60) day period provided by law, the child's surname will automatically be changed to the mother's legal surname at the time of birth.
5. In Section I, enter the child's name exactly as you want it to be shown on the child's birth certificate. Both parents must agree. Enter all other information requested on the form, if applicable, to your current circumstances.
6. If you are under 18 years of age, your parent or guardian **must** be present at the time you complete this form and **must** sign below your signature to give consent.
7. Retain a copy of this form as you have completed it before the Notary Public for your records.

SECTION I - A.

Child's Name (as you want it shown on the birth certificate)				Date of Birth
				State and County of Birth
_____	_____	_____	_____	
First	Middle	Last	Suffix	

FATHER'S INFORMATION

Father's Name			Date of Birth
_____	_____	_____	_____
First	Middle	Last	Suffix
Birthplace - State or Foreign Country	Social Security Number	Spanish/ Hispanic/ Latino? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		If Yes, Specify: _____	
Race (list all that apply)		Education - Highest level completed	

B. Social Security Number of Child (if available at the time of completion of form): _____ - _____ - _____

SECTION II - INFORMATION TO BE COMPLETED BY THE MOTHER OF THE CHILD

A. Name: _____ B. Maiden Surname: _____

C. Residential Address: _____
 Phone Number: (_____) _____ County _____

D. Mailing Address (if different): _____

E. Social Security Number: _____ F. Date of Birth: _____

G. Birthplace: City _____ State or Country: _____

H. Mother's Employer: _____ Phone No: (_____) _____
 Employer's Address: _____

I. Mother's medical insurance company name: _____
 Policy Number: _____ Monthly cost of coverage for: \$ _____ Family \$ _____ Single

J. Driver's License No: _____

SECTION III - INFORMATION TO BE COMPLETED BY THE FATHER

A. Father's Residential Address: _____
 Mailing Address (if different): _____ County _____
 Phone number: (_____) _____

B. Driver's License No: _____

C. Father's employer: _____ Phone No: (_____) _____
 Employer's address: _____

D. Father's medical insurance company: _____

4. As the legal father you will have:
 - a. The ability to protect your legal rights to your child by having a say in any attempted adoption of your child by others.
 - b. The right to petition the court for visitation and custody.
 - c. The responsibility of providing financial and medical support. The court may enter an order, which will direct you to provide money for the financial support of your child and to provide for your child's medical care.
- B. If you are the mother of this child, by signing this voluntary acknowledgment of paternity:
 1. The father's name will appear on your child's birth certificate.
 2. Your child will have a legal father from whom child support, medical support and other benefits such as social security, veterans benefits, the right to inherit property and possibly others will be available.
 3. The child's father will have the right to ask the court for visitation or custody of the child.
- C. If you are either the mother or father of this child:
 1. You may revoke (cancel) this acknowledgment by obtaining from the local child support office or the Department of Health a Rescission of Voluntary Acknowledgment of Paternity form and filing the form and the required \$15.00 fee so that it is received by the Office of Vital Records in Nashville, Tennessee within sixty (60) days of the date of completion of this form. If you cannot pay the fee because you are poor, you may complete a sworn statement with the Rescission in which you describe your income, and the fee will be waived if you meet the waiver requirements.
 2. The acknowledgment may also be rescinded (canceled) by entry of an order which rescinds (cancels) the acknowledgment at a court or administrative hearing relating to the child held within sixty (60) days of the date of the completion of this form at which either parent is a party.
 3. If you believe that there has been fraud or a material mistake of fact in the completion of this acknowledgment, you may file an action in court to rescind this acknowledgment if you do so within five (5) years of the date of the completion of this form. If however, you are the father named in this acknowledgment, and you allege fraud by the mother of the child, an action to rescind the acknowledgment is not barred by the five (5) year limitation if the interests of the child, the State or any child support agency are not affected by such an action.
- D.
 1. The identity of the father may be established by parentage tests such as genetic tests (DNA) if either the mother or person believed to be the father is unsure of the identity of the father.
 2. If the acknowledgment is not signed to establish a father of the child, a legal action may be filed by either the mother, the father, or by a State child support agency in order to establish a legal father of the child. Such an action, if successful, will make the father responsible for paying child support and medical support. The child may also be entitled to any of the benefits noted in Section IV. A.3.e. above. The mother, alleged father and the child will be required to submit to genetic testing to determine the identity of the father if the alleged father's identity is disputed. Costs for such tests may be recovered in the legal action from the mother or father.

SECTION V - AFFIDAVIT OF FATHER

State of Tennessee

County of _____

City of _____

First being duly sworn, affiant states:

I am _____. I certify and acknowledge that I am the father of the child whose name appears in Section I and I further certify and acknowledge that all of the information in Section I is correct. I further acknowledge that I have been orally advised of my rights and responsibilities as set forth in Section IV above in signing an acknowledgment of paternity. I certify that I understand all of the information on this form and that I sign this acknowledgment of paternity freely and voluntarily.

Further affiant saith not.

Signature of Father

If the father is less than 18 years of age, his parent or legal guardian must be present at the time the voluntary acknowledgment is completed by the father and must sign below to indicate his or her consent.

Name of father's parent or guardian (please print)

Signature of father's parent or guardian

SEAL Sworn to and subscribed before me this _____ day of _____, 20____

Signature of Notary Public My commission expires: _____, 20____

SECTION VI - AFFIDAVIT OF MOTHER

State of Tennessee

County of _____

City of _____

First being duly sworn, affiant states:

I am _____. I certify and acknowledge that I am the mother of the child whose name appears in Section I. I further certify and acknowledge that the person named in Section I is the father of the child in Section I. I further acknowledge that I have been orally advised of my rights and responsibilities as set forth in Section IV above in signing an acknowledgment of paternity. I certify that I understand all of the information on this form and that I sign this acknowledgment of paternity freely and voluntarily.



VOLUNTARY ACKNOWLEDGMENT OF PATERNITY
STATE OF TENNESSEE
 DEPARTMENT OF HEALTH-OFFICE OF VITAL RECORDS
 DEPARTMENT OF HUMAN SERVICES

CERTIFICATE NUMBER: _____

TENNESSEE CODE ANNOTATED, SECTIONS 24-7-113, 68-3-203, 68-3-302 AND 68-3-305

INSTRUCTIONS

1. This is a legal form. Please read it carefully.
2. **Do not** sign this form until you have received an oral presentation of your rights and responsibilities. **Do not** sign this form if you do not understand what it means.
3. Use black ink. Do not use any white out or erasures or the form will **not** be accepted.
4. Once this form has been filed with the Tennessee Vital Records Office, a court order will be required to make changes in the child's name; provided, however, if either parent rescinds (cancels) the acknowledgment of paternity within the sixty (60) day period provided by law, the child's surname will automatically be changed to the mother's legal surname at the time of birth.
5. In Section I, enter the child's name exactly as you want it to be shown on the child's birth certificate. Both parents must agree. Enter all other information requested on the form, if applicable, to your current circumstances.
6. If you are under 18 years of age, your parent or guardian **must** be present at the time you complete this form and **must** sign below your signature to give consent.
7. Retain a copy of this form as you have completed it before the Notary Public for your records.

SECTION I. A.

Child's Name (as you want it shown on the birth certificate) (Nombre del niño/a como Ud. quiere que seas en la acta nueva)				Date of Birth – (Fecha de nacimiento)	
_____ <small>First- Primer Nombre</small>	_____ <small>Middle- Segundo Nombre</small>	_____ <small>Last- Los dos apellidos si Ud. los piensas usar</small>	_____ <small>Suffix</small>	State and County of Birth <small>(Estado y Condado donde nacio el niño)</small>	

FATHER'S INFORMATION

Father's Name (Nombre del padre)			Date of Birth (Fecha de nacimiento del padre)		
_____ <small>First- Primer Nombre</small>	_____ <small>Middle- Segundo Nombre</small>	_____ <small>Last - Apellido(s)</small>	_____ <small>Suffix</small>		
Birthplace - State or Foreign Country <small>Donde nacio el padre – Estado o País</small>		Social Security Number <small>Número del Seguro Social</small>		Spanish/ Hispanic/ Latino? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>¿Es hispano?</small> If Yes, Specify: (Especifica):	
Race Raza – (List all that apply)			Education Educación – Highest level completed		

B. Social Security Number of Child (if available at the time of completion of form): _____
Número del seguro social del niño (si es disponible cuando se llenes este formulario)

SECTION II. INFORMATION TO BE COMPLETED BY MOTHER OF CHILD (INFORMACIÓN SOBRE LA MADRE)

A. Name: _____ B. Maiden Surname: _____
Nombre Legal First - Primer Nombre Middle -Segundo Nombre Last – Apellido(s) que usas cuando firmas Los apellidos de soltera de la madre -familiar

C. Residential Address: _____ County: _____
Dirección de la madre Condado

Phone Number: _____
Número de teléfono

D. Mailing Address (if different): _____
Dirección donde recibes cartas (si es diferente desde cual este mencionado arriba)

E. Social Security Number: _____ F. Date of Birth: _____
Número de seguro social Fecha de nacimiento

G. Birthplace: City _____ State or Country: _____
Adonde nacio la madre: Ciudad Estado o País

H. Mother's Employer: _____ Phone No: _____
Empleador de la madre Número de Teléfono

Employer's Address: _____
Dirección del empleo

I. Mother's medical insurance company name: _____
Nombre de la compañía de seguridad medico de la madre

Policy Number: _____ Monthly cost of coverage for: \$ _____ Family \$ _____ Single
Número de la póliza Coste mensual de cobertura para La Familia Soltero

J. Driver's License No: _____
Número de la licencia de conductor

SECTION III. INFORMATION TO BE COMPLETED BY FATHER (INFORMACIÓN SOBRE EL PADRE)

A. Father's Residential Address: _____ County: _____
Dirección del padre Condado

Mailing Address (if different): _____
Dirección de calle si es diferente desde cual este mencionado arriba

Phone number: _____
Número de teléfono

B. Driver's License No: _____
Número de la licencia de conductor

C. Father's employer: _____ Phone No: _____
Empleador Número de teléfono del trabajo

Employer's address: _____
Dirección de empleo

D. Father's medical insurance company name: _____

4. As the legal father you will have:
 - a. The ability to protect your legal rights to your child by having a say in any attempted adoption of your child by others.
 - b. The right to petition the court for visitation and custody.
 - c. The responsibility of providing financial and medical support. The court may enter an order, which will direct you to provide money for the financial support of your child and to provide for your child's medical care.
- B. If you are the mother of this child, by signing this voluntary acknowledgment of paternity:
 1. The father's name will appear on your child's birth certificate.
 2. Your child will have a legal father from whom child support, medical support and other benefits such as social security, veterans benefits, the right to inherit property and possibly others will be available.
 3. The child's father will have the right to ask the court for visitation or custody of the child.
- C. If you are either the mother or father of this child:
 1. You may revoke (cancel) this acknowledgment by obtaining from the local child support office or the Department of Health a Rescission of Voluntary Acknowledgment of Paternity form and filing the form and the required \$15.00 fee so that it is received by the Office of Vital Records in Nashville, Tennessee within sixty (60) days of the date of completion of this form. If you cannot pay the fee because you are poor, you may complete a sworn statement with the Rescission in which you describe your income, and the fee will be waived if you meet the waiver requirements.
 2. The acknowledgment may also be rescinded (canceled) by entry of an order which rescinds (cancels) the acknowledgment at a court or administrative hearing relating to the child held within sixty (60) days of the date of the completion of this form at which either parent is a party.
 3. If you believe that there has been fraud or a material mistake of fact in the completion of this acknowledgment, you may file an action in court to rescind this acknowledgment if you do so within five (5) years of the date of the completion of this form. If however, you are the father named in this acknowledgment, and you allege fraud by the mother of the child, an action to rescind the acknowledgment is not barred by the five (5) year limitation if the interests of the child, the State or any child support agency are not affected by such an action.
- D.
 1. The identity of the father may be established by parentage tests such as genetic tests (DNA) if either the mother or person believed to be the father is unsure of the identity of the father.
 2. If the acknowledgment is not signed to establish a father of the child, a legal action may be filed by either the mother, the father, or by a State child support agency in order to establish a legal father of the child. Such an action, if successful, will make the father responsible for paying child support and medical support. The child may also be entitled to any of the benefits noted in Section IV. A.3.e. above. The mother, alleged father and the child will be required to submit to genetic testing to determine the identity of the father if the alleged father's identity is disputed. Costs for such tests may be recovered in the legal action from the mother or father.

SECTION V. AFFIDAVIT OF FATHER (DECLARACIÓN JURADA DEL PADRE)

State of Tennessee
 County of _____
 City of _____

First being duly sworn, affiant states:

I am _____. I certify and acknowledge that I am the father of the child whose name appears in Section I and I further certify and acknowledge that all of the information in Section I is correct. I further acknowledge that I have been orally advised of my rights and responsibilities as set forth in Section IV above in signing an acknowledgment of paternity. I certify that I understand all of the information on this form and that I sign this acknowledgment of paternity freely and voluntarily.

Further affiant saith not.

 Signature of Father (*Firma del Padre*)

If the father is less than 18 years of age, his parent or legal guardian must be present at the time the voluntary acknowledgment is completed by the father and must sign below to indicate his or her consent. (*Si es menor de 18 años, sus padres o guardian legal tienes que estar presente cuando este reconocimiento este completado y tienes que firmar abajo para indicar su consentimiento.*)

 Name of father's parent or guardian (please print)
 (*Imprima el nombre del padre o del guardian del joven*)

 Signature of father's parent or guardian
 (*Firma del padre o guardian del joven*)

SEAL Sworn to and subscribed before me this _____ day of _____, 20____

 Signature of Notary Public (*Firma del Notario Publico*) My commission expires: _____, 20____

SECTION VI. AFFIDAVIT OF MOTHER (DECLARACIÓN JURADA DE LA MADRE)

State of Tennessee
 County of _____
 City of _____

First being duly sworn, affiant states:

I am _____. I certify and acknowledge that I am the mother of the child whose name appears in Section I. I further certify and acknowledge that the person named in Section I is the father of the child in Section I. I further acknowledge that I have been orally advised of my rights and responsibilities as set forth in Section IV above in signing an acknowledgment of paternity. I certify that I understand all of the information on this form and that I sign this acknowledgment of paternity freely and voluntarily.

Further affiant saith not.

INSTRUCCIONES SOBRE EL RECONOCIMIENTO VOLUNTARIO DEL PATERNIDAD

1. Esto es una forma legal. Por favor leelo cuidadosamente.
2. No firme esta forma hasta que usted ha recibido una presentación oral de sus derechos y responsabilidades. No firme esta forma si usted no entiende lo que significa.
3. Utilice la tinta negra. No utilice ningún whiteout o las borraduras en esta forma o no serán validadas.
4. Una vez que esta forma se haya clasificado con la Oficina de Registros Esenciales de Tennessee, una orden de corte será requerido para realizar cambios en el nombre de niño: sin embargo, si cualquiera de los padres piensas rescindir (cancelar or quitar) el voluntario de paternidad dentro de los sesenta (60) días proporcionados por la ley, el apellido del niño sea cambiado automáticamente al apellido legal de la madre a la hora del nacimiento.
5. En la Sección I incorpora el nombre de niño exactamente como usted quisiera que fuera mostrado en el certificado de nacimiento de niño. Ambos padres deben de estar de acuerdo. Incorpore el resto de la información solicitada en la forma, si es aplicable a sus circunstancias actuales.
6. Si los padres son menor de 18 años de la edad, su padre o guardian legal tiene que estar presente cuando usted llenes el formulario y tiene que firmar debajo de su firma para dar consentimiento.
7. Conserve una copia de esta forma como usted la ha terminado delante del notario publico.

SECCION IV. DERECHOS Y RESPONSABILIDADES QUE CONLLEVA EL ESTABLECIMIENTO DE PATERNIDAD

Deben explicarles los siguientes derechos y responsabilidades del establecimiento de paternidad!

- A. Si usted es el padre de este niño, al firmar este reconocimiento voluntario de paternidad:
1. Se presume que la informacion concluyente que usted es el padre del niño nombrado arriba, a menos que, dentro de los 60 días siguiente a rellenar este formulario, se rescinda (cancele) el reconocimiento tal y como se describe a continuacion en la Seccion IV.C.
 2. Su nombre aparecera en el certificado de nacimiento del niño como el padre del mismo.
 3. Usted le proporcionara a su hijo los siguientes beneficios:
 - a. Conocer la identidad de su padre.
 - b. Tener la oportunidad de una relación de padre y su hijo, legalmente reconocida.
 - c. Tener acceso a su informacion medico y de salud para ayudar a cuidar su hijo en el caso de la posibilidad de complicaciones medicos en el futuro.
 - d. Tener un apoyo economico de ambos padres.
 - e. Tener derecho a conseguir otros beneficios que pueden incluir: seguro social, beneficios de veterano, seguridad, derecho a heredar propiedad y puede que otros beneficios.
 4. Como padre legal usted tendrá:
 - a. La capacidad de proteger sus derechos legales sobre su hijo, pudiendo intervenir en cualquier intento de adopción de su hijo por parte de otros.
 - b. Derecho a pedir al tribunal (la corte) visitacion y custodia.
 - c. La responsabilidad de ofrecer apoyo medico y economico. El tribunal (la corte) puede dictar una orden que le obligue a usted de los economicamente de su hijo y para pagar la seguridad medicos del mismo.
- B. Si usted es la madre de este niño, al firmar este reconocimiento voluntario de paternidad:
1. El nombre del padre aparecera en el certificado de nacimiento de su hijo.
 2. Su hijo tendrá un padre legal de quien recibira: apoyo economico, seguridad medico y otros beneficios tales como los del seguro social, beneficios de veterano, derecho a heredar propiedad y puede que haya otros beneficios a su disposicion
 3. El padre del niño tendrá derecho a pedir al tribunal que le permita visitar a su hijo o la custodia del mismo.
- C. Si usted es el padre ó la madre de este niño:
1. Puede revocar (cancelar) este reconocimiento obteniendo de la oficina del apoyo economico del niño o del Departamento de Salud, un formulario de Rescisión del Reconocimiento Voluntario de Paternidad, y rellenado dicho formulario y pagando la cuota obligatoria de \$15.00 pare que sea recibido en la Oficina de Registros Esenciales en Nashville, Tennessee dentro de los 60 días siguientes a la fecha de haber rellenado el formulario de paternidad. Si no puede pagar la cuota porque es pobre, puede rellenar una declaración jurada con la Rescisión en la que describe sus ingresos, y la cuota no se le cobrara si usted cumple los requisitos para no tener que pagar.
 2. El reconocimiento tambien puede ser rescindido (cancelado) por una orden que rescinda el reconocimiento en un tribunal (la corte) o una audiencia administrative en relación con el niño que tenga lugar dentro de los sesenta (60) días de la fecha de haber rellenado este formulario en la que este presente cualquiera de los dos padres.
 3. Si cree que ha habido fraude o una equivocación material de hecho al rellenar este reconocimiento, usted puede presentar una acción judicial para rescindir este reconocimiento si lo haces dentro de los cinco (5) años siguientes a la fecha en que se rellené este formulario. Si por el contrario usted es el padre nombrado en este reconocimiento, y usted alega fraude por parte de la madre del niño, en una acción para rescindir el reconocimiento no se aplica el limite de los cinco (5) años si los intereses del niño, el estado, o cualquier agencia de manutención infantil no resultan afectados por tal acción.
- D.1. La identidad del padre puede ser establecida con pruebas de paternidad tales como las pruebas geneticas (de ADN) tanto si la madre o si la persona que se supone que es el padre no esta segura de la identidad del padre.
2. Si no hay un reconocimiento firmado que establezca quien es el padre del niño, tanto la madre como el padre o una agencia estatal de manutención infantil pueden presentar una acción legal para establecer la paternidad legal del niño. Si tal acción tiene exito, hare al padre responsable del pago de la manutención infantil y del seguridad medico. El niño tambien puede tener derecho a todos los beneficios mencionados en la Sección IV.A.3.e. La madre, el supuesto padre y el niño tendran que presentarse a unas pruebas geneticas para determinar la identidad del padre si la identidad del supuesto padre resulta refutada. Los costos de tales pruebas pueden recuperarse en la acción legal del padre o de la madre.

SECCION V. DECLARACION JURADA DEL PADRE

Certifico y reconozco que soy el padre del niño cuyo nombre aparece en la Sección I. Tambien certifico y reconozco que toda la información de la Sección I es correcta. Tambien reconozco que me hen leído verbalmente mis derechos y responsabilidades tal y como se describen en la Sección IV mencionado arriba en la firma y reconocimiento de la paternidad. Certifico que entiendo toda la información en este formulario y que firmo este reconocimiento de paternidad libre y voluntariamente.