

Acknowledgement of Paternity

(Information needed to identify original birth certificate)

CHILD'S NAME	1. CHILD- NAME (First) (Middle) (Last)	2. DATE OF BIRTH (Month, Day, Year)	3. COUNTY OF BIRTH
FATHER'S INFORMATION TO APPEAR ON REVISED CERTIFICATE AND RESIDENCE INFORMATION	4. NAME (First) (Middle) (Last)		
	5. FATHER'S RACE (Check one or more races to indicate what the father considers himself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Other (Specify) _____		
	6. DATE OF BIRTH (Month, Day, Year)		7. STATE OF BIRTH
	8. FATHER OF HISPANIC ORIGIN? (Check the box that best describes whether the father is Spanish/Hispanic/Latino). <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (Specify) _____		9. SOCIAL SECURITY NUMBER
	10. FATHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery) <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th – 12 th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown		
	11. RESIDENCE - STATE	12. COUNTY	13. CITY OR TOWN

<p>I, _____ (Name of Father)</p> <p>certify and acknowledge that I am the natural father of the child whose name appears in item 1 above, and that all information in items 4-14 is correct. My rights and responsibilities and right to rescind (cancel) paternity have been explained to me. It is also understood that I have the right to request a genetic test through the Department of Human Services within one year.</p> <p>SIGNATURE _____</p> <p>Sworn to and subscribed before me this the _____ day of _____</p> <p>SIGNATURE OF NOTARY _____</p> <p>My commission expires: _____</p>	<p>I, _____ (Name of Mother)</p> <p>certify and acknowledge that the person named in item 4 is the father of the child whose name appears in item 1, and that all information in items 1-3 is correct. My rights and responsibilities and right to rescind (cancel) paternity have been explained to me.</p> <p>SIGNATURE _____</p> <p>Sworn to and subscribed before me this the _____ day of _____</p> <p>SIGNATURE OF NOTARY _____</p> <p>My commission expires: _____</p>
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Rights and Responsibilities:

Execution of this acknowledgement of paternity shall result in the same legal effect as if the father and mother had been married at the time of the birth of this child. The Office of Vital Records may make this acknowledgement of paternity available to the Division of Child Support Enforcement of the Mississippi Department of Human Services for use in establishing paternity and child support obligations. The father has the right to request a genetic test within the one year time frame through the Mississippi Department of Human Services. Once the one year time frame expires, execution of this acknowledgement of paternity shall result in the same legal effect as if the father and mother had been married at the time of the birth of this child.

Right to Rescind:

A signed voluntary acknowledgement of paternity is subject to the right of any signatory to rescind the acknowledgement of paternity within the earlier of: (i) one year; or (ii) the date of judicial proceeding relating to the child, including a proceeding to establish a support order, in which the signatory is a party.

Instructions

1. This form cannot be used for paternity acknowledgement if the mother is married or was married at any time between the conception and birth of this child.
2. All information requested on this form must be supplied.
3. The completed form must be signed and sealed by a Notary Public.
4. If the mother's name has been changed, by marriage, court order or other means, from that which is recorded on the birth certificate, documentation of that change (such as the marriage license or court order) **must be included** to explain the difference between the notarized signature and the name on the birth certificate.
5. Send to the address at the top of this form:
 - a. this completed form
 - b. any required accompanying documentation
 - c. the fee of \$28.00 check, bank, or postal money order.

A certified copy of the amended certificate will be issued upon receipt and processing of these documents and the correct fee. **BASED ON THIS ACKNOWLEDGEMENT OF PATERNITY THE BIRTH CERTIFICATE WILL REFLECT THE LAST NAME OF THE CHILD TO BE THE SAME AS THAT OF THE ACKNOWLEDGED FATHER.**

**ACKNOWLEDGE OF PATERNITY
FORM No. 564**

PURPOSE

The purpose of this form to acknowledge paternity of an infant child born to a mother that was not married. This form places the child's name in the last name of the acknowledged father once this form is filed with the birth certificate.

INSTRUCTIONS

Instructions are included on the form.

OFFICE MECHANICS

This form is sent to the Office of Vital Records from the parent(s). The birth certificate should reflect any changes made by completion of this form. It is checked for accuracy and proper completion.

All corrections/changes are made to the corresponding record in the existing database.

It is attached to the back of the corresponding birth certificate.

RETENTION PERIOD

This form is permanently attached to the back of the certificate and will remain on file indefinitely.