

STATE OF OHIO

Department of  Human Services**Acknowledgment of Paternity Affidavit**

Ohio Revised Code Section 5101.324

Notice of Rights and Responsibilities and Due Process Safeguards

Completion of the Acknowledgment of Paternity Affidavit is voluntary.

- If an alleged father acknowledges a parent and child relationship, he is responsible for the support of the child.
- Either parent may rescind this acknowledgment no later than 60 days after the date of the latest signature by doing BOTH of the following actions:
 1. Requesting an administrative parentage determination from the county child support enforcement agency in which the child or guardian or legal custodian of the child resides, and
 2. Delivering a written notice to the Ohio Department of Human Services, Division of Child Support, Central Paternity Registry that includes the name of the child, the name of the county child support enforcement agency, and the date the administrative parentage request was made to the county agency.
- Both persons who sign this affidavit waive any right to bring a court or administrative action to determine the parentage of this child, other than for purposes of rescinding this acknowledgment.
- After the 60 day period, the only way for either parent to rescind this acknowledgment is to bring a court action to rescind within one year after it has become final (the court action would need to be in compliance with ORC Sections 2151.232, 3111.211 or 5101.314.)
- Unless a court order is issued, the mother is the sole residential parent and the legal custodian of the child. However, the natural father has the right to petition a court for an order granting him reasonable visitation and to petition the court for custody of the child. The mother and father will stand equal before the court for these determinations.
- The affidavit cannot be used if any man is legally presumed to be the father. Legal presumptions of fatherhood include the following: 1) The man and the child's mother were married at the time of the child's birth; 2) The man and the child's mother were married and divorced no more than 300 days before the child's birth; 3) The man and the child's mother were married after the child's birth and the man has acknowledge his paternity of the child in a writing sworn to before a notary public, or is required to support the child by a written voluntary promise or court order; 4) The man has already signed an Acknowledgment of Paternity Affidavit which has been filed with the Ohio Department of Human Services, Division of Child Support and has become final; 5) The man has already been determined to be the father of the child by a court or administrative order; and 6) Genetic testing has revealed a probability of 99% or greater that the man is the biological father of the child.

Basic Instructions for Completing the Form

- Both the natural father and mother, or other legal guardian or custodian of the child are required to sign this affidavit. The affidavit may be signed by both parents at the same time or at different times; however, each parent's signature must be notarized at the time of their signing.
- This affidavit must be sent no later than 10 calendar days after it has been signed and notarized to the Ohio Department of Human Services:

Central Paternity Registry
131 North High Street, Suite 320
Columbus, Ohio 43215
(614) 224-8909 or Toll Free at 1-888-810-6446

* Please type or print in dark ink *

CHILD'S INFORMATION

Name: _____ Sex: Male Female
(First) (Middle) (Last)

Date of Birth: _____ Place of Birth: _____
(MO/DA/YR) (State) (City) (County)

Current Residence: _____
(Street) (City) (State) (Zip)

If a birth certificate for the child has already been filed, do you now wish to change the child's name? Yes No

If "YES", give the child's new name: _____
(First) (Middle) (Last)

MOTHER'S AFFIRMATION

Name: _____ Maiden Name: _____
(First) (Middle) (Last) (First) (Middle) (Last)

Address: _____ Phone: _____
(Street) (City) (County) (State) (Zip) (Area Code) (Number)

Date of Birth: _____ State/Country of Birth: _____ SSN: _____
(MO/DA/YR)

SIGNATURE AND NOTARIZATION

State of _____, County of _____, ss. I state under oath or by affirmation, that I have read, or had read to me, all information on both sides of this form; that the information I have supplied for this form is true to the best of my knowledge and belief; that I have received information regarding my legal rights and responsibilities; and that I am the natural mother of the child named on this form and will assume the parental duty of support for the child.

(Signature of Mother or Guardian/Custodian of the child)

(If guardian/custodian signed above, print name, address, phone number, of guardian/custodian.)

Before me appeared the above-named person and signed this affidavit, under oath or by affirmation, on this _____ day of _____, in the year _____.

(Signature of Notary Public)

(Expiration of Commission)

FATHER'S AFFIRMATION

Name: _____ Race/Ethnic Origin: _____
(First) (Middle) (Last)

Address: _____ Phone: _____
(Street) (City) (County) (State) (Zip) (Area Code) (Number)

Date of Birth: _____ State/Country of Birth: _____ SSN: _____
(MO/DA/YR)

Occupation: _____ Employer: _____ Education: _____
(Specify Highest Level)

SIGNATURE AND NOTARIZATION

State of _____, County of _____, ss. I state under oath or by affirmation, that I have read, or had read to me, all the information on both sides of this form; that the information I have supplied for this form is true to the best of my knowledge and belief; that I have received information regarding my legal rights and responsibilities; that I consent to the jurisdiction of the courts of this state; and that I am the natural father of the child named on this form and will assume the parental duty of support for the child.

(Signature of Father)

Before me appeared the above-named person and signed this affidavit, under oath or by affirmation, on this _____ day of _____, in the year _____.

(Signature of Notary Public)

(Expiration of Commission)

Hospital Code # or EBC: _____ Registry #: _____ ODHS File #: _____