AOP-2023-0010288

# NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES N. C. VITAL RECORDS

### AFFIDAVIT OF PARENTAGE FOR CHILD BORN OUT OF WEDLOCK

(Type or print all information)

We hereby affirm that				
· · · · · · · · · · · · · · · · · · ·	(Full Name of Child)		(Social Security Number, if Available)	
who was born , in		at		
(Date of Birth) is the natural child of	(City, County of Birth)	) (Name	e of Hospital or InstitutionIf neither,street address)	
is the natural child of	(Full Name of F	Father)	(Social Security Number)	
(Father's Address	;)			
and	other's Full Name Prior to First Marr	riage)	(Social Security Number)	
		0,	•	
	er's Address)		(County of Residence)	
Affidavit signed at	ΔΙ	CL-11 C CL-1		
	(Name of Hospital, C	Child Support Services, Clerk of	Court, Other)	
]	INFORMATION CONCE	ERNING THE FATH	ER	
Race		Date of Birth		
(Specify White, Blace			(Month, Day, Year)	
Is father of Hispanic origin? $\Box$ Yes	$\square$ No If yes,			
		(Specify Cub	ban, Mexican, Puerto Rican, etc.)	
Education		Birthplace		
(Highest Grade Completed E.	lem 1-8;High 9-12; Col 13-17+)		(County, State or Foreign Country)	
Mother  I am the natural mother and the man named aboot the child named above. I consent to the asser by the putative father. I also declare and affirm (check one)  I was unmarried at my child's conception I was married to someone other than the (See Instructions, #1 on back)	tion of paternity that: or birth,	Father I acknowledge that I am the natural father of the child named above. I understand that this Affidavit shall, when signed and sworn by both parents, have the same force and effect as a judgement of the court in establishing my paternity of the above-named child.		
Signature of Mother		Signature of Father		
(If minor mother-parent, guardian or other adult may significantly State of County of	- · · · · · · · · · · · · · · · · · · ·	(If minor father- parent, guar State of	dian or other adult may sign, but it is not required)  County of	
Sworn to and subscribed before me this		Sworn to and subscrib	ped before me this	
day of	(SEAL)	day of	(SEAL)	
,,	(62.12)		,	
NOTARY PUBLIC		NOTARY PUBLIC		
My commission expires		My commission expires		
		, commission expir		

DHHS 1660(Revised 3/2019) Vital Records(Review 3/2021)

**VITAL RECORDS COPY** 

### AFFIDAVIT OF PARENTAGE FOR CHILD BORN OUT OF WEDLOCK

(Type or print all information)

We hereby affirm that				
	(Full Name of Chi	ild)	(Social Security Number, if Available)	
who was born	, in	at	Name of Hospital or InstitutionIf neither,street address)	
(Date of Birth) is the natural child of	(City, County of Bi	ertn) (1	vame of Hospital or Institutionif nettner,street daaress)	
is the natural clind of	(Full Name	of Father)	(Social Security Number)	
(Father's	s Address)			
	(Mother's Full Name Prior to First M	(arriage)	(Social Security Number)	
A 00 1 1 1 1 1 1 1 1	(Mother's Address)		(County of Residence)	
Affidavit signed at	(Name of Hospita	l, Child Support Services, Cle	ork of Court Other)	
	(Frame of Hospita	i, entia support services, etc	The of Court, Other)	
	INFORMATION CON	CERNING THE FA	THER	
Race		Date of Bir		
_	hite, Black, Am. Indian, etc.)  Yes No If yes.		(Month, Day, Year)	
Is father of Hispanic origin?	Yes □ No If yes,			
Education		(1 3)	Cuban, Mexican, Puerto Rican, etc.)	
Education	pleted Elem 1-8;High 9-12; Col 13-17+)	Birthplace	(County, State or Foreign Country)	
Mother I am the natural mother and the man na of the child named above. I consent to the year to putative father. I also declare and (check one)  I was unmarried at my child's con I was married to someone other the (See Instructions, #1 on back)	he assertion of paternity d affirm that: aception or birth,	Father I acknowledge that I am the natural father of the child named above. I understand that this Affidavit shall, when signed and sworn by both parents, have the same force and effect as a judgement of the court in establishing my paternity of the above-named child.		
Signature of Mother		Signature of Father	r	
(If minor mother- parent, guardian or other adu State of Cou	dt may sign,but it is not required) anty of	(If minor father- parent, State of	guardian or other adult may sign, but it is not required)  County of	
Sworn to and subscribed before me	this	Sworn to and cube	cribed before me this	
day of	(SEAL)	day of	(SEAL)	
, , , , , , , , , , , , , , , , , , ,	(SEAL)	<u> </u>	,	
NOTARY PUBLIC		NOTARY PUBL	IC	
My commission expires		My commission expires		
		wry commission ex		

DHHS 1660(Revised 3/2019) Vital Records(Review 3/2021)

### AFFIDAVIT OF PARENTAGE FOR CHILD BORN OUT OF WEDLOCK

(Type or print all information)

We hereby affirm that					
who was born , in	(Full Name of Child	at	(Social Security Number, if Available)		
(Date of Birth) is the natural child of	(City, County of Birth	i)	(Name of Hospital or InstitutionIf neither, street address)		
is the natural clints of	(Full Name of Father)		(Social Security Number)		
(Father's Address)					
and(Mother's Fu	all Name Prior to First Mar	riage)	(Social Security Number)		
(Mother's Address)			(County of Residence)		
Affidavit signed at	(Name of Hospital,	Child Support Services, Clerk of Court, Other)			
	RMATION CONC				
(Specify White, Black, Am. Inc.	dian etc )	Date of	f Birth (Month, Day, Year)		
Is father of Hispanic origin?			(Monn, Day, Tear)		
PL d			pecify Cuban, Mexican, Puerto Rican, etc.)		
(Highest Grade Completed Elem 1-8;H	ligh 0 12: Col 13 17±)	Birthplace	(County, State or Foreign Country)		
Mother I am the natural mother and the man named above is the of the child named above. I consent to the assertion of poby the putative father. I also declare and affirm that: (check one)		Father I acknowledge that I am the natural father of the child named above. I understand that this Affidavit shall, when signed and sworn by both parents, have the same force and effect as a judgement of the court in establishing my paternity of the above-named child.			
☐ I was unmarried at my child's conception or birth, ☐ I was married to someone other than the above-no (See Instructions, #1 on back)	umed father.				
Signature of Mother		Signature of Father			
(If minor mother-parent, guardian or other adult may sign, but it is	not required)		arent, guardian or other adult may sign, but it is not required)		
State of County of		State of	County of		
Sworn to and subscribed before me this		Sworn to and s	subscribed before me this		
day of,	(SEAL)	day of	,(SEAL)		
NOTARY PUBLIC  My commission expires		NOTARY PUBLIC  My commission expires			
My commission expires		My commissio	on expires		

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**PARENT'S COPY** 

### AFFIDAVIT OF PARENTAGE FOR CHILD BORN OUT OF WEDLOCK

(Type or print all information)

We hereby affirm that				
who was born , in	(Full Name of Child)	at	(Social Security Number, if Available)	
(Date of Birth)	(City, County of Birth)		ital or InstitutionIf neither,street address)	
is the natural child of	(Full Name of Father)		(Social Security Number)	
(Father's Address)				
and(Mother's Full Nam	e Prior to First Marriage)		(Social Security Number)	
(Mother's Address)			(County of Residence)	
Affidavit signed at	(Name of Hospital, Child Su	pport Services, Clerk of Court, C	Other)	
INFORMA	TION CONCERNI			
Race		Date of Birth		
(Specify White, Black, Am. Indian, e. Is father of Hispanic origin? Yes No	If yes,		(Month, Day, Year)	
Election			ican, Puerto Rican, etc.)	
(Highest Grade Completed Elem 1-8; High 9-		Birthplace	(County, State or Foreign Country)	
Mother  I am the natural mother and the man named above is the natural of the child named above. I consent to the assertion of paternic by the putative father. I also declare and affirm that: (check one)  I was unmarried at my child's conception or birth, I was married to someone other than the above-named j	ral father I ac ty I un par esta	Father I acknowledge that I am the natural father of the child named above. I understand that this Affidavit shall, when signed and sworn by both parents, have the same force and effect as a judgement of the court in establishing my paternity of the above-named child.		
(See Instructions, #1 on back) Signature of Mother		nature of Father		
(If minor mother- parent, guardian or other adult may sign, but it is not req	•		ther adult may sign, but it is not required)	
State of County of	Sta	te of	County of	
Sworn to and subscribed before me this	Sw	orn to and subscribed before	ore me this	
day of,	(SEAL) day	of	, (SEAL)	
NOTARY PUBLIC	NC NC	TARY PUBLIC		
My commission expires		commission expires		
	<u>-</u>	_		

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**PARENT'S COPY** 

# AFFIDAVIT OF PARENTAGE FOR CHILD BORN OUT OF WEDLOCK INSTRUCTIONS

- If mother was married to someone other than the father named on this Affidavit at the time of conception or birth or between conception and birth of a child, the name of the father identified on this form will not be entered on the birth certificate. Per N.C. General Statute 130A-101(e), the husband must be entered as the father on the birth certificate unless paternity has been otherwise determined by a court of competent jurisdiction.
- 2 All information for the child, mother, and father must be completed on the front of this form. The information on *Effect of Signing* (1) and *Rights and Responsibilities* (2) below must be explained to the mother and father. The Affidavit must be signed by each parent in the presence of a notary public, clerk of court, or military officer authorized to administer oaths. The mother and father must be given a copy of the completed Affidavit.
- When completed at birth, this Affidavit must be filed with the birth certificate. Under no circumstances will the birth certificate be delayed in order to complete the Affidavit. When completed and filed at a later date, the agency completing the Affidavit will file it with N.C. Vital Records.

#### (1) Effect of Signing the Affidavit of Parentage

Upon signing this form, the declaring father's name will be listed on the birth certificate, except as noted in Instruction #1 above. He will be declared to be the natural father of the child. This admission of paternity may be retracted by either party within 60 days of signing by filing a request with the court. The father's name may then be removed from the birth record if there has been no administrative or judicial proceeding relating to paternity or support for this child. After 60 days, the father's name may not be removed from these documents except by order of the court.

#### (2) Rights and Responsibilities of Parents

You have the right to declare paternity by signing this document or you may choose to request paternity testing, consult an attorney, contact Child Support Enforcement, or have a court determine paternity. A minor has the right to sign the Affidavit with or without the signature of an adult. You, the father and mother, have a right to know your child, the right to seek custody or visitation, as well as the responsibility to support your child. Parental rights of a parent may not be terminated without notice to both parents.

The execution and filing of this Affidavit with the registrar does not affect inheritance rights unless it is also filed with the clerk of court in the county where the father or child resides.