6579800606

## **Acknowledgment of Paternity**

## FOR A CHILD BORN TO AN UNMARRIED MOTHER

RETURN COMPLETED FORM TO: 1887

PRINT CHILD'S INFORMATION

COMMONWEALTH OF PENNSYLVANIA / DEPARTMENT OF PUBLIC WELFARE BUREAU OF CHILD SUPPORT ENFORCEMENT P.O. BOX 8018

P.O. BOX 8018 HARRISBURG, PA 17105-8018

## THIS FORM MUST BE COMPLETED IN BLUE OR BLACK INK

TRACKING NUMBER	FOR OFFICIAL USE ONLY

PRINT CHILD'S BIRTHPLACE INFORMATION

(FIRST) (JR, II, III, IV)	CITY OF BIRTH STATE CO.#	
(MIDDLE)  SEX MALE FEMALE	WAS THE CHILD BORN IN THE UNITED STATES? NO	
(LAST)	ONTED STATES! ONO	
DATE OF BIRTH (MMDDYYYY)  SOCIAL SECURITY NUMBER, IF AVAILABLE	FOR OFFICIAL USE ONLY HBU OR CAO CODE	
PRINT BIRTH MOTHER'S INFORMATION	PRINT BIRTH FATHER'S INFORMATION	
(FIRST)	(FIRST) (JR, II, III, IV)	
(MIDDLE)	(MIDDLE)	
	(WIDCE)	
(LAST)	(LAST)	
SOCIAL SECURITY NUMBER (IF NONE, SEE REVERSE SIDE)  DATE OF BIRTH (MMDDYYYY)	SOCIAL SECURITY NUMBER (IF NONE, SEE REVERSE SIDE)  DATE OF BIRTH (MMDDYYYY)	
According to Pennsylvania law the father of a child born to an <u>unmarrie</u>	d woman may file an Asknowledgment of Determity form with the	
Department of Public Welfare (DPW). (23 Pa. C.S.A. §5103) The Acknowledge.	wordan may like an Acknowledgment of Paternity form with the wledgment of Paternity form is considered conclusive evidence of	
paternity that does not require approval by the court.		
I understand that: RIGHTS, RESPONSIBILITIES, AND OBLIGATIONS  1. The acknowledgment of paternity is completely voluntary and may be cancelled by either party by submitting a signed written statement to		
	7105-8018. The statement must be submitted within 60 days after the	
Acknowledgment of Paternity form is signed or the date of a court p	roceeding relating to the child (whichever is sooner). After the 60 days	
	rt only on the basis of fraud, duress or material mistake of fact, which	
must be established by the challenger through clear and convincing period of challenge, except for good cause.	evidence. An order for support shall not be suspended during the	
<ol> <li>By signing this Acknowledgment of Paternity form the father shall have</li> </ol>	ave 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		
would have had if the father had been married to the mother at the		
<ol><li>By signing this Acknowledgment of Paternity form, the parents are reaches at least 18 years of age or graduates high school, whichever</li></ol>	equired to provide child support and healthcare coverage until the child	
4. If both parents sign the Acknowledgment of Paternity form, the father	er's name shall be listed on the Birth Certificate.	
5. If the birth mother fails or refuses to sign the Acknowledgment of Pa	aternity form, the alleged father may sign the form. By signing the	
Acknowledgment without the mother's consent, he has the right to r	eceive notice of any proceeding to terminate any parental rights	
involving the child.  6. 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 get 7. If I have any doubt that I am the father of the child, I have the right to		
I hereby consent to the acknowledgment of paternity that the birth father name unmarried at the time of this child's birth. I understand the Rights, Responsibility		
subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification		
SIGNATURE OF BIRTH MOTHER	DATE	
MOTHER'S ADDRESS (Include Street, City, State and Zip Code):	MONTH DAY YEAR	
WITNESSED BY (CANNOT BE BIRTH MOTHER OR BIRTH FATHER):		
I freely and voluntarily acknowledge that I am the father of the child named ab and that false statements made herein are subject to the penalties of 18 Pa. C		
SIGNATURE OF BIRTH FATHER	DATE	
FATHER'S ADDRESS (Include Street, City, State and Zip Code):	morri on the	
WITNESSED BY (CANNOT BE BIRTH MOTHER OR BIRTH FATHER):		
PA/CC C44 7/0		

## 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.)

Print Mother's Name Escriba en letra de imprenta el nombre de la madre Mother's Signature Firma de la Madre 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.