



# NORTH DAKOTA ACKNOWLEDGMENT OF PATERNITY

NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS  
SFN 8195 (Rev. 8-2013)

## I. PARENT'S INFORMATION

A. MOTHER'S INFORMATION			B. FATHER'S INFORMATION		
Name (first, middle, last, maiden)			Name (first, middle, last)		
Address			Address		
City	State	ZIP Code	City	State	ZIP Code
Social Security Number *		Date of Birth (month/day/year)	Social Security Number *		Date of Birth (month/day/year)
City/County/State Where Acknowledgment Completed			City/County/State of Birth		
C. CHILD'S INFORMATION			City/County/State Where Acknowledgment Completed		
Name as you want it on the birth certificate (first, middle, last)			Employer Name		Employer Address
Date of Birth (month/day/year)			City		State ZIP Code
City/County/State of Birth			Does father have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Hospital of Birth			If Yes, Name of Insurance Company		Policy Number

## II. PARENT'S STATEMENT

A. MOTHER'S STATEMENT		B. FATHER'S STATEMENT	
<ul style="list-style-type: none"> <li>I have read and I understand the Paternity Acknowledgment Information.</li> <li>I have been provided an oral description of the rights, responsibilities, and legal consequences of acknowledging paternity and have been given the opportunity to ask questions before I sign this form.</li> <li>There has been no genetic testing, or if there was genetic testing, the results show that the man named above is the biological father.</li> <li>No one else has been legally established as the father through another Acknowledgment or a court order.</li> <li>I understand that if I was married to someone else when this child was born or within 300 days before this child's birth, or if someone else lived with the child and held out the child as his own for the first two years of the child's life, that man must sign (Section III) his denial of paternity for this Acknowledgment to be valid.</li> <li>I understand that this is a legally binding document. It has the same effect as a court order deciding the father and child relationship.</li> <li>I understand that I am signing this form under penalties of perjury and that I must sign it in the presence of a witness.</li> </ul>		<ul style="list-style-type: none"> <li>I have read and I understand the Paternity Acknowledgment Information.</li> <li>I have been provided an oral description of the rights, responsibilities, and legal consequences of acknowledging paternity and have been given the opportunity to ask questions before I sign this form.</li> <li>I voluntarily accept the obligation to support this child.</li> <li>I understand that this is a legally binding document. It has the same effect as a court order determining that I am the father of this child.</li> <li>I understand that I do not automatically have custody or visitation rights by signing this form. I must go to court for those issues to be decided.</li> <li>I understand that I am signing this form under penalties of perjury and that I must sign it in the presence of a witness.</li> </ul>	
Mother's Signature	Date	Father's Signature	Date
Witness Signature	Date	Witness Signature	Date
Witness Name Printed		Witness Name Printed	

## III. DENIAL OF PATERNITY

Name of Husband/Other Man		
I am the <input type="checkbox"/> husband/ <input type="checkbox"/> ex-husband of the mother named above or I lived with the child and held out the child as my own for at least the first two years of the child's life. I am not the biological father of the child named above.		
I agree to this Acknowledgment of Paternity and I am signing this form in the presence of a witness and under penalties of perjury.		
Husband's/Other Man's Signature		Date
Witness Signature	Witness Name Printed	Date

**NORTH DAKOTA DEPARTMENT OF HEALTH  
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
PATERNITY ACKNOWLEDGMENT INFORMATION**

**PURPOSE**

When this form is properly completed and signed, paternity is established. This means that a father and child relationship is legally created. This has the same force and effect of a father and child relationship established by a court. If you have any concerns or questions about the legal effect of signing this form, you should seek legal advice.

**INSTRUCTIONS**

**Please read the entire form and complete it carefully. If you do not understand any part of the form or there is any question about who the biological father of the child may be, do not sign it.**

The mother completes section I.A., the biological father completes section I.B., and both parents complete section I.C. The child's name entered on I.C. is how the name will appear on the birth certificate. After careful review and understanding, the mother may sign section II.A. and the biological father may sign section II.B. Each parent's signature must be witnessed. The parents may not witness each other's signatures.

If the mother was married to someone else at the time when the child was born or within 300 days before the birth, or if another man lived with the child and held out the child as his own for the first two years of the child's life, that man must complete Section III to deny his paternity. Without the other man's denial of paternity, the form is not valid.

The completed form must be filed with North Dakota Vital Records.

**RIGHTS AND RESPONSIBILITIES**

Signing this form is completely voluntary. **By signing this form, the parents give up the following rights:**

- The right to have an attorney represent them.
- The right to have genetic testing to prove that the man is or is not the biological father of the child.
- The right to a trial to determine if the man is the biological father of the child.

When this form is completed and signed, a father and child relationship is legally established and the father's name will appear on the birth certificate. **With this relationship comes the responsibility to financially support the child.** On the basis of this signed form, a court may order the father to pay child support and provide health insurance coverage for the child.

Signing this form **does not automatically give custody** to one of the parents. If the parents cannot agree, custody must be decided by a court. Under state law, when the father's relationship to the child is legally established, the custody rights of the mother and father are considered equal and will be determined based on the best interests of the child.

**RESCINDING OR CHALLENGING THE ACKNOWLEDGMENT**

A signed Acknowledgment of Paternity may be rescinded by the mother or father by commencing a legal proceeding with a court **within sixty days** after the Acknowledgment is filed with North Dakota Vital Records.

After the rescission period has expired, a signed Acknowledgment of Paternity may be challenged by the mother or father only on the basis of fraud, duress, or material mistake of fact. Any challenge must be made by commencing a legal proceeding with a court **within two years** after the Acknowledgment is filed with North Dakota Vital Records.

If you request, we will give you this information in another form, such as large print or Braille.

\* Based on federal law (42 U.S.C. §§ 652(a)(7) and 666(a)(5)(C)(iv)), the social security number has been determined to be a mandatory data element for this form and will be used for identification purposes. Failure to disclose this information will not affect the validity of this form.