

RECONOCIMIENTO DE PATERNIDAD

Para un hijo nacido de una madre soltera

INSTRUCCIONES - PARA QUE ESTE FORMULARIO SEA VÁLIDO DEBERÁ HACER LO SIGUIENTE:

Debe haber un número de Seguro Social, si hay uno disponible, en las secciones de la madre natural y el padre natural del formulario de Reconocimiento de Paternidad. Si la madre y/o el padre no tiene(n) número de Seguro Social, esa madre y/o ese padre debe(n) llenar la Declaración De Que No Tiene Número de Seguro Social al dorso del formulario original.

Se requieren firmas y otra información para que el formulario de Reconocimiento de Paternidad sea válido, incluyendo:

- Firma de la madre natural, fecha de la firma, y dirección.*
- Firma de la persona que atestiguó la firma de la madre natural.*
- Firma del padre natural, fecha de la firma, y dirección.
- Firma de la persona que atestiguó la firma del padre natural.

* DEMANDA DE PATERNIDAD

Si la madre natural no firma o rehúsa firmar el formulario de Reconocimiento de Paternidad, un hombre que desee radicar una Demanda de Paternidad sobre un niño debe llenar todas las partes del formulario excepto la firma de la madre y devolver el mismo a la dirección indicada abajo. Una Demanda de Paternidad no le da ningún derecho al hombre con respecto al niño salvo que este recibirá aviso de cualquier acción que intente terminar sus derechos paternales sobre el niño.

INFORMACIÓN DEL LUGAR DE NACIMIENTO DEL NIÑO

- County Number (CO #) - Éste es el condado en el cual el niño nació. Ponga el número de dos dígitos del condado en los espacios proporcionados. Favor de referirse a la tabla en la primera página, titulada COUNTY NUMBERS - NÚMEROS DEL CONDADO.
- CÓDIGO HBU o CAO - ¡Esta sección es sólo para uso del hospital, DRS y/o CAO! Aquí los hospitales escriben un número HBU de cinco dígitos, DRS y CAO escriben un número de actividad de cinco dígitos en los espacios correspondientes.

**Por favor devuelva el
formulario completado a:**

Commonwealth of Pennsylvania
Department of Human Services
Bureau of Child Support Enforcement
AOP Program
P.O. Box 8018
Harrisburg, PA 17105-8018

www.humanservices.dhs.pa.gov/CSWS

Todas las secciones del formulario de Reconocimiento de Paternidad se deben completar en tinta azul o negra. Complete todas las secciones del formulario de Reconocimiento de Paternidad y asegúrese de leer y entender los Derechos, Responsabilidades, y Obligaciones antes de firmar el formulario.

De conformidad con la ley de Pennsylvania, el padre de un niño nacido de una mujer soltera puede presentar un formulario de Reconocimiento de paternidad ante el Departamento de Servicios Humanos (por sus siglas en inglés, DHS). (Título 23 de los Estatutos Consolidados de Pennsylvania, párrafo 5103) El formulario de Reconocimiento de paternidad se considera evidencia concluyente de paternidad que no requiere aprobación de un tribunal.

Entiendo que:

DERECHOS, RESPONSABILIDADES Y OBLIGACIONES

1. El reconocimiento de paternidad es completamente voluntario y cualquiera de las partes puede cancelarlo presentando una declaración por escrito firmada ante el Programa de Reconocimiento de Paternidad (por sus siglas en inglés, AOP) del DHS en: P.O. Box 8018, Harrisburg, PA 17105-8018. Dicha declaración debe presentarse dentro de los 60 días posteriores a la firma del formulario de Reconocimiento de paternidad o a la fecha de un proceso judicial relacionado con el niño (lo que suceda primero). Después de transcurridos los 60 días, el reconocimiento de paternidad puede ser objetado ante tribunal solamente sobre los fundamentos de fraude, coacción o error material de hecho, los cuales deben ser establecidos, a través de evidencia clara y convincente, por la parte que objeta. No se debe suspender una orden de manutención durante el período de objeción, excepto en caso de existir motivo suficiente.
2. Al firmar este formulario de Reconocimiento de paternidad, el padre tendrá los mismos derechos y obligaciones en relación con el niño como si hubiese estado casado con la madre en el momento del nacimiento del niño. El niño tendrá los mismos derechos y obligaciones en relación con el padre que habría tenido si el padre hubiese estado casado con la madre en el momento del nacimiento.
3. Al firmar este formulario de Reconocimiento de paternidad, los padres se obligan a proporcionar manutención de menores y cobertura de salud hasta que el hijo tenga al menos 18 años de edad o se gradúe de la escuela secundaria, lo que suceda más tarde, a menos que un tribunal resuelva lo contrario.
4. Si ambos padres firman el formulario de Reconocimiento de paternidad, se deberá indicar el nombre del padre en la partida o acta de nacimiento del niño.
5. Si la madre biológica no firma o se niega a firmar el formulario de Reconocimiento de paternidad, el presunto padre puede firmar el formulario. Al firmar el Reconocimiento sin el consentimiento de la madre, el padre tiene el derecho de recibir notificación sobre cualquier procedimiento legal para interrumpir un derecho parental relacionado con el niño.
6. Si alguna de las partes tiene dudas sobre si la persona que firma el Reconocimiento es el padre, él/ella tiene el derecho de hablar con un abogado para obtener asesoramiento legal, a su propio costo. Cualquiera de las partes puede solicitar una prueba genética para determinar la paternidad, para lo cual debe contactarse con la Sección de Relaciones Domésticas del tribunal de su condado local. ATENCIÓN: Al firmar este formulario de Reconocimiento de paternidad, usted renuncia al derecho a que se haga una prueba genética para determinar la paternidad, a menos que cancele el Reconocimiento por escrito dentro de los 60 días de haber firmado el formulario.

Al firmar el formulario, la madre consiente con la siguiente declaración: Consiento por este medio al Reconocimiento de Paternidad y que el padre natural nombrado arriba es el padre de mi niño nombrado arriba, declaro además que era soltera al momento del nacimiento de este niño. Entiendo los Derechos, Responsabilidades, y Obligaciones enumeradas arriba y que declaraciones falsas hechas aquí están sujetas a sanciones de conformidad con 18 Pa. C.S. §4904 (*relativas a la falsificación de declaraciones no juramentadas ante las autoridades*).

Al firmar el formulario, el padre consiente con la siguiente declaración: Reconozco libremente y voluntariamente que soy el padre del niño nombrado arriba. Entiendo los Derechos, Responsabilidades, y Obligaciones enumeradas arriba y que declaraciones falsas hechas aquí están sujetas a sanciones de conformidad con 18 Pa. C.S. §4904 (*relativas a la falsificación de declaraciones no juramentadas ante las autoridades*).

Acknowledgment of Paternity FOR A CHILD BORN TO AN UNMARRIED MOTHER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
P.O. BOX 8018
HARRISBURG, PA 17105-8018

TRACKING NUMBER FOR OFFICIAL
USE ONLY

**RETURN COMPLETED
FORM TO:** 

THIS FORM MUST BE COMPLETED IN BLUE OR BLACK INK

PRINT CHILD'S INFORMATION	
(FIRST)	(JR, II, III, IV)
(MIDDLE)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
(LAST)	
DATE OF BIRTH (MMDDYYYY)	SOCIAL SECURITY NUMBER, IF AVAILABLE

PRINT CHILD'S BIRTHPLACE INFORMATION	
CITY OF BIRTH	STATE CO. #
WAS THE CHILD BORN IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, WHAT COUNTRY
FOR OFFICIAL USE ONLY	HBU OR CAO CODE

PRINT BIRTH MOTHER'S INFORMATION	
(FIRST)	(JR, II, III, IV)
(MIDDLE)	
(LAST)	
SOCIAL SECURITY NUMBER (IF NONE, SEE REVERSE SIDE)	DATE OF BIRTH (MMDDYYYY)

PRINT BIRTH FATHER'S INFORMATION	
(FIRST)	(JR, II, III, IV)
(MIDDLE)	
(LAST)	
SOCIAL SECURITY NUMBER (IF NONE, SEE REVERSE SIDE)	DATE OF BIRTH (MMDDYYYY)

According to Pennsylvania law the father of a child born to an **unmarried** woman may file an Acknowledgment of Paternity form with the Department of Human Services (DHS). (23 Pa. C.S. §5103) The Acknowledgment of Paternity form is considered conclusive evidence of paternity that does not require approval by the court.

I understand that:

RIGHTS, RESPONSIBILITIES, AND OBLIGATIONS

- The acknowledgment of paternity is completely voluntary and may be cancelled by either party by submitting a signed written statement to the DHS AOP Program at: P.O. Box 8018, Harrisburg, PA 17105-8018. The statement must be submitted within 60 days after the Acknowledgment of Paternity form is signed or the date of a court proceeding relating to the child (whichever is sooner). After the 60 days expires, the acknowledgment of paternity may be challenged in court only on the basis of fraud, duress or material mistake of fact, which must be established by the challenger through clear and convincing evidence. An order for support shall not be suspended during the period of challenge, except for good cause.
- By signing this Acknowledgment of Paternity form, the father shall have 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 have all the same rights and duties as to the father which the child would have had if the father had been married to the mother at the time of birth.
- By signing this Acknowledgment of Paternity form, the parents are required to provide child support and healthcare coverage until the child reaches at least 18 years of age or graduates high school, whichever occurs later, unless otherwise ordered by the court.
- If both parents sign the Acknowledgment of Paternity form, the father's name shall be listed on the child's birth certificate.
- If the birth mother fails or refuses to sign the Acknowledgment of Paternity form, the alleged father may sign the form. By signing the Acknowledgment without the mother's consent, the father has the right to receive notice of any legal proceeding to terminate any parental rights involving the child.
- If either party has any doubts that the individual signing the Acknowledgment is the father, he/she has the right to speak with an attorney for legal advice, at his/her own expense. Either party may request genetic testing to determine paternity by contacting the Domestic Relations Section of his/her local county court. PLEASE NOTE: By signing this Acknowledgment of Paternity form, you give up the right to genetic testing to determine paternity, unless you cancel the Acknowledgment in writing within 60 days of signing the form.

I hereby consent to the acknowledgment of paternity that the birth father named above is the father of my child named above, and further state that I was unmarried at the time of this child's birth. I understand the Rights, Responsibilities, and Obligations listed above and that false statements made herein are subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities).

SIGNATURE OF BIRTH MOTHER _____ DATE

MONTH	DAY	YEAR			

MOTHER'S ADDRESS (Include Street, City, State and Zip Code): _____

WITNESSED BY (CAN NOT BE BIRTH MOTHER OR BIRTH FATHER): _____

I freely and voluntarily acknowledge that I am the father of the child named above. I understand the Rights, Responsibilities, and Obligations listed above and that false statements made herein are subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities).

SIGNATURE OF BIRTH FATHER _____ DATE

MONTH	DAY	YEAR			

FATHER'S ADDRESS (Include Street, City, State and Zip Code): _____

WITNESSED BY (CANNOT BE BIRTH MOTHER OR BIRTH FATHER): _____

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.

Acknowledgment of Paternity

FOR A CHILD BORN TO AN UNMARRIED MOTHER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
P.O. BOX 8018
HARRISBURG, PA 17105-8018

TRACKING NUMBER _____ FOR OFFICIAL USE ONLY

RETURN COMPLETED

FORM TO:

THIS FORM MUST BE COMPLETED IN BLUE OR BLACK INK

PRINT CHILD'S INFORMATION	
(FIRST)	(JR, II, III, IV)
(MIDDLE)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
(LAST)	
DATE OF BIRTH (MMDDYYYY)	SOCIAL SECURITY NUMBER, IF AVAILABLE

PRINT CHILD'S BIRTHPLACE INFORMATION		
CITY OF BIRTH	STATE	CO. #
WAS THE CHILD BORN IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, WHAT COUNTRY	
FOR OFFICIAL USE ONLY HBU OR CAO CODE		

PRINT BIRTH MOTHER'S INFORMATION	
(FIRST)	(JR, II, III, IV)
(MIDDLE)	
(LAST)	
SOCIAL SECURITY NUMBER (IF NONE, SEE REVERSE SIDE)	DATE OF BIRTH (MMDDYYYY)

PRINT BIRTH FATHER'S INFORMATION	
(FIRST)	(JR, II, III, IV)
(MIDDLE)	
(LAST)	
SOCIAL SECURITY NUMBER (IF NONE, SEE REVERSE SIDE)	DATE OF BIRTH (MMDDYYYY)

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RIGHTS, RESPONSIBILITIES, AND OBLIGATIONS

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3. By signing this Acknowledgment of Paternity form, the parents are required to provide child support and healthcare coverage until the child reaches at least 18 years of age or graduates high school, whichever occurs later, unless otherwise ordered by the court.
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5. If the birth mother fails or refuses to sign the Acknowledgment of Paternity form, the alleged father may sign the form. By signing the Acknowledgment without the mother's consent, the father has the right to receive notice of any legal proceeding to terminate any parental rights involving the child.
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I hereby consent to the acknowledgment of paternity that the birth father named above is the father of my child named above, and further state that I was unmarried at the time of this child's birth. I understand the Rights, Responsibilities, and Obligations listed above and that false statements made herein are subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities).

SIGNATURE OF BIRTH MOTHER _____ **DATE**

MONTH	DAY	YEAR			

MOTHER'S ADDRESS (Include Street, City, State and Zip Code): _____

WITNESSED BY (CAN NOT BE BIRTH MOTHER OR BIRTH FATHER): _____

I freely and voluntarily acknowledge that I am the father of the child named above. I understand the Rights, Responsibilities, and Obligations listed above and that false statements made herein are subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities).

SIGNATURE OF BIRTH FATHER _____ **DATE**

MONTH	DAY	YEAR			

FATHER'S ADDRESS (Include Street, City, State and Zip Code): _____

WITNESSED BY (CANNOT BE BIRTH MOTHER OR BIRTH FATHER): _____

Acknowledgment of Paternity

FOR A CHILD BORN TO AN UNMARRIED MOTHER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF HUMAN SERVICES

P.O. BOX 8018

HARRISBURG, PA 17105-8018

TRACKING NUMBER	FOR OFFICIAL USE ONLY
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RETURN COMPLETED

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PRINT CHILD'S INFORMATION	
(FIRST)	(JR, II, III, IV)
(MIDDLE)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
(LAST)	
DATE OF BIRTH (MMDDYYYY)	SOCIAL SECURITY NUMBER, IF AVAILABLE

PRINT CHILD'S BIRTHPLACE INFORMATION		
CITY OF BIRTH	STATE	CO. #
WAS THE CHILD BORN IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, WHAT COUNTRY	
FOR OFFICIAL USE ONLY HBU OR CAO CODE		

PRINT BIRTH MOTHER'S INFORMATION	
(FIRST)	(JR, II, III, IV)
(MIDDLE)	(LAST)
SOCIAL SECURITY NUMBER (IF NONE, SEE REVERSE SIDE)	DATE OF BIRTH (MMDDYYYY)

PRINT BIRTH FATHER'S INFORMATION	
(FIRST)	(JR, II, III, IV)
(MIDDLE)	(LAST)
SOCIAL SECURITY NUMBER (IF NONE, SEE REVERSE SIDE)	DATE OF BIRTH (MMDDYYYY)

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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 the DHS AOP Program at: P.O. Box 8018, Harrisburg, PA 17105-8018. The statement must be submitted within 60 days after the Acknowledgment of Paternity form is signed or the date of a court proceeding relating to the child (whichever is sooner). After the 60 days expires, the acknowledgment of paternity may be challenged in court only on the basis of fraud, duress or material mistake of fact, which must be established by the challenger through clear and convincing evidence. An order for support shall not be suspended during the period of challenge, except for good cause.
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SIGNATURE OF BIRTH MOTHER _____ DATE

MONTH	DAY	YEAR		

MOTHER'S ADDRESS (Include Street, City, State and Zip Code): _____

WITNESSED BY (CAN NOT BE BIRTH MOTHER OR BIRTH FATHER): _____

I freely and voluntarily acknowledge that I am the father of the child named above. I understand the Rights, Responsibilities, and Obligations listed above and that false statements made herein are subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities).

SIGNATURE OF BIRTH FATHER _____ DATE

MONTH	DAY	YEAR		

FATHER'S ADDRESS (Include Street, City, State and Zip Code): _____

WITNESSED BY (CANNOT BE BIRTH MOTHER OR BIRTH FATHER): _____

Acknowledgment of Paternity

FOR A CHILD BORN TO AN UNMARRIED MOTHER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF HUMAN SERVICES

P.O. BOX 8018

HARRISBURG, PA 17105-8018

TRACKING NUMBER FOR OFFICIAL
USE ONLY

RETURN COMPLETED

FORM TO:

THIS FORM MUST BE COMPLETED IN BLUE OR BLACK INK

PRINT CHILD'S INFORMATION	
(FIRST)	(JR, II, III, IV)
(MIDDLE)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
(LAST)	
DATE OF BIRTH (MMDDYYYY)	SOCIAL SECURITY NUMBER, IF AVAILABLE

PRINT CHILD'S BIRTHPLACE INFORMATION		
CITY OF BIRTH	STATE	CO. #
WAS THE CHILD BORN IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, WHAT COUNTRY	
FOR OFFICIAL USE ONLY HBU OR CAO CODE		

PRINT BIRTH MOTHER'S INFORMATION	
(FIRST)	(JR, II, III, IV)
(MIDDLE)	
(LAST)	
SOCIAL SECURITY NUMBER (IF NONE, SEE REVERSE SIDE)	DATE OF BIRTH (MMDDYYYY)

PRINT BIRTH FATHER'S INFORMATION	
(FIRST)	(JR, II, III, IV)
(MIDDLE)	
(LAST)	
SOCIAL SECURITY NUMBER (IF NONE, SEE REVERSE SIDE)	DATE OF BIRTH (MMDDYYYY)

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RIGHTS, RESPONSIBILITIES, AND OBLIGATIONS

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SIGNATURE OF BIRTH MOTHER _____ DATE

MONTH	DAY	YEAR			

MOTHER'S ADDRESS (Include Street, City, State and Zip Code): _____

WITNESSED BY (CAN NOT BE BIRTH MOTHER OR BIRTH FATHER): _____

I freely and voluntarily acknowledge that I am the father of the child named above. I understand the Rights, Responsibilities, and Obligations listed above and that false statements made herein are subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities).

SIGNATURE OF BIRTH FATHER _____ DATE

MONTH	DAY	YEAR			

FATHER'S ADDRESS (Include Street, City, State and Zip Code): _____

WITNESSED BY (CANNOT BE BIRTH MOTHER OR BIRTH FATHER): _____

Acknowledgment of Paternity

FOR A CHILD BORN TO AN UNMARRIED MOTHER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
P.O. BOX 8018
HARRISBURG, PA 17105-8018

TRACKING NUMBER _____ FOR OFFICIAL
USE ONLY

RETURN COMPLETED

FORM TO:

THIS FORM MUST BE COMPLETED IN BLUE OR BLACK INK

PRINT CHILD'S INFORMATION	
(FIRST)	(JR, II, III, IV)
(MIDDLE)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
(LAST)	
DATE OF BIRTH (MMDDYYYY)	SOCIAL SECURITY NUMBER, IF AVAILABLE

PRINT CHILD'S BIRTHPLACE INFORMATION		
CITY OF BIRTH	STATE	CO. #
WAS THE CHILD BORN IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, WHAT COUNTRY	
FOR OFFICIAL USE ONLY HBU OR CAO CODE		

PRINT BIRTH MOTHER'S INFORMATION	
(FIRST)	(JR, II, III, IV)
(MIDDLE)	
(LAST)	
SOCIAL SECURITY NUMBER (IF NONE, SEE REVERSE SIDE)	DATE OF BIRTH (MMDDYYYY)

PRINT BIRTH FATHER'S INFORMATION	
(FIRST)	(JR, II, III, IV)
(MIDDLE)	
(LAST)	
SOCIAL SECURITY NUMBER (IF NONE, SEE REVERSE SIDE)	DATE OF BIRTH (MMDDYYYY)

According to Pennsylvania law the father of a child born to an **unmarried** woman may file an Acknowledgment of Paternity form with the Department of Human Services (DHS). (23 Pa. C.S. §5103) The Acknowledgment 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 the DHS AOP Program at: P.O. Box 8018, Harrisburg, PA 17105-8018. The statement must be submitted within 60 days after the Acknowledgment of Paternity form is signed or the date of a court proceeding relating to the child (whichever is sooner). After the 60 days expires, the acknowledgment of paternity may be challenged in court only on the basis of fraud, duress or material mistake of fact, which must be established by the challenger through clear and convincing evidence. An order for support shall not be suspended during the period of challenge, except for good cause.
2. By signing this Acknowledgment of Paternity form, the father shall have 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 have all the same rights and duties as to the father which the child would have had if the father had been married to the mother at the time of birth.
3. By signing this Acknowledgment of Paternity form, the parents are required to provide child support and healthcare coverage until the child reaches at least 18 years of age or graduates high school, whichever occurs later, unless otherwise ordered by the court.
4. If both parents sign the Acknowledgment of Paternity form, the father's name shall be listed on the child's birth certificate.
5. If the birth mother fails or refuses to sign the Acknowledgment of Paternity form, the alleged father may sign the form. By signing the Acknowledgment without the mother's consent, the father has the right to receive notice of any legal proceeding to terminate any parental rights involving the child.
6. If either party has any doubts that the individual signing the Acknowledgment is the father, he/she has the right to speak with an attorney for legal advice, at his/her own expense. Either party may request genetic testing to determine paternity by contacting the Domestic Relations Section of his/her local county court. PLEASE NOTE: By signing this Acknowledgment of Paternity form, you give up the right to genetic testing to determine paternity, unless you cancel the Acknowledgment in writing within 60 days of signing the form.

I hereby consent to the acknowledgment of paternity that the birth father named above is the father of my child named above, and further state that I was unmarried at the time of this child's birth. I understand the Rights, Responsibilities, and Obligations listed above and that false statements made herein are subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities).

SIGNATURE OF BIRTH MOTHER _____ **DATE**

MONTH	DAY	YEAR		

MOTHER'S ADDRESS (Include Street, City, State and Zip Code): _____

WITNESSED BY (CAN NOT BE BIRTH MOTHER OR BIRTH FATHER): _____

I freely and voluntarily acknowledge that I am the father of the child named above. I understand the Rights, Responsibilities, and Obligations listed above and that false statements made herein are subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities).

SIGNATURE OF BIRTH FATHER _____ **DATE**

MONTH	DAY	YEAR		

FATHER'S ADDRESS (Include Street, City, State and Zip Code): _____

WITNESSED BY (CANNOT BE BIRTH MOTHER OR BIRTH FATHER): _____