Acknowledgment of Paternity (AOP)
Completion Instructions

If paternity is acknowledged on or after 01/01/2002, it <u>must</u> be done on form VS-159.1 (State of Texas Acknowledgment of Paternity), revised 10/2001 or later.

We accept photocopied forms as long as they are clear and legible. The back must be included. However, the form must be submitted with <u>original signatures</u>.

The information must be completed in blue or black ink.

We accept acknowledgments on multiple forms. For example, the mother and biological father can acknowledge on one form, and the presumed father can sign the denial section on a separate form. The child's information (name, date of birth, and place of birth) must be completed on all forms. The forms must be submitted to BVS together if being used to include the father's information on a birth certificate.

We will accept obvious corrections and strike-throughs with initials, and other minor modifications, provided the information is legible. We will not accept a form with a major change. For example, the child's name listed as *John Smith*, and the name is struck through and changed to *Christopher Anderson*. Corrections must be initialed by one of the people acknowledging paternity (or denying, if changing presumed father's information). If the AOP is completed by someone else, for example the hospital birth clerk, they may make the corrections and initial only if they identify themselves in the left or right margin. Corrections to a signature or signature date must be initialed by the person whose signature or date is being corrected.

DO NOT WRITE OR MAKE ANY NOT A TIONS A T THE TOP OR BOTTOM OF THIS DOCUMENT. Any necessary notations must be placed on the left or right side margins.

> The top left and right corners of the document are reserved for the date received stamp of the state registrar and the state file number. The bottom of the document is reserved for the certification statement applied to certified copies.

ITEM INSTRUCTIONS:

Biological Father's Name - Enter the biological father's first, middle, and last name. Include the suffix if applicable (Sr., Ill, etc).

Child's Name - Enter the child's first, middle, and last name. Include the suffix if applicable (Jr., Ill, etc).

Child's Date of Birth - Enter the child's date of birth in MM-DD- YYYY format.

Child's Place of Birth (City, County, State) - Enter the city, county, and state where the child was born.

Mother's Name - Enter the mother's first, middle, and current last name. Enter the mother's maiden last name if different from her current last name.

Biological Father's Date of Birth - Enter the biological father's date of birth in MM-DD-YYYY format.

Biological Father's SSN - Enter the biological father's social security number. If this information is unknown, enter "UNKNOWN."

Biological Father's Address - Enter the biological father's current address. Include the street address, city, state, and zip code.

Mother's Date of Birth - Enter the mother's date of birth in MM-DD-YYYY format.

Mother's Social Security Number - Enter the mother's social security number. If this information is unknown, enter "UNKNOWN."

Mother's Address - Enter the mother's current address. Include the street address, city, state, and zip code.

Checkboxes - One response must be marked in **each** of the two question boxes.
> If the second response is marked in the second question box, the parents are indicating that the mother is married or that there is a presumed father. The Denial section must be completed before the AOP can be used for paternity establishment. If the AOP is submitted with a birth certificate that includes the biological father's information, the Denial must be completed or the birth certificate will be rejected. The Denial may be submitted on a separate form, at the same time.

Signatures - Both signatures must be entered and dated. The parents do not need to sign the AOP form on the same day. The parents' signature must match their name on the AOP.

Denial Section (IF APPLICABLE)
Presumed Father's Name - Enter the presumed father's first, middle, and last name. Include the suffix, if applicable (Jr., III, etc).

Signatures - Signatures of the mother and the presumed father must be entered and dated. The mother and the presumed father do not have to sign the AOP form on the same day.

Presumed Father's Date of Birth - Enter the presumed father's date of birth in MM-DD- YYYY format.

Presumed Father's SSN - Enter the presumed father's social security number. If this information is unknown, enter "UNKNOWN."

Presumed Father's Address - Enter the presumed father's current address. Include the street address, city, state, and zip code.

Entity Code - This item may not be left blank. The AOP and corresponding birth certificate will be rejected if a valid entity code is not entered.

10-16-2001

This is a legal document. Signing this legal document gives you certain rights and responsibilities. Signing this document is voluntary. You should consult an attorney if you have concerns about signing this legal document. If you are not sure that the man named in this Acknowledgment is the biological father of the child, you should not sign this document. You may want to have a genetic test. **The biological father who signs this Acknowledgment becomes the legal father of the child when this document is filed with the Texas Department of Health Bureau of Vital Statistics.**

BENEFITS, RIGHTS, AND RESPONSIBILITIES OF PATERNITY

Establishing parentage makes it easier for a child to receive benefits such as social security, military and veteran's benefits, health care coverage and life insurance, as well as inheritance.

Both parents have parental rights and duties as provided by state law. Either parent has the right to seek primary custody of the child. A parent not living with the child may have the right to visit and maintain a relationship with the child, either as both parents agree or as ordered by a court. **This Acknowledgment has the same effect as a court order establishing paternity.** By signing this Acknowledgment, you may be ordered to pay child support and medical support.

This document may be completed before the birth of the child, at the time of birth, or at any time after the birth of the child. If this document is signed before the birth of the child, it is binding for any child born no later than 300 days after the signature date on this document. When this Acknowledgment is properly filed with the Bureau of Vital Statistics, it creates a parent-child relationship between the man and child. Establishment of paternity is required for a father's name to be entered on a birth certificate.

Child support services can be obtained through the Office of the Attorney General, Child Support Division or by hiring an attorney.

DENIAL OF PATERNITY

If a child's mother is married to a man other than the biological father at the time of birth or within 300 days of the ending of the marriage, the (ex) husband is presumed to be the legal father. To complete this document for a child that has a presumed father, the presumed father must deny paternity by completing the Denial of Paternity section. The mother must agree that the presumed father is not the biological father by also signing the denial section. The acknowledgment section must also be completed or the denial will not be accepted. Upon the filing of this document, the presumed father is legally determined not to be the father of the child. His legal duty to support the child is removed. Likewise, his legal right of custody or visitation with the child is terminated.

CHANGE OF MIND

If any party to this document changes his/her mind about acknowledging or denying paternity, he/she may file a suit to rescind this document. This has to be done within sixty (60) days after this legal document is filed with the Bureau of Vital Statistics or before the first hearing date in a proceeding involving the child, including child support, whichever occurs first. After the sixty (60) days, or first hearing date, a lawsuit is required to challenge this document. Fraud, duress, or material mistake of fact in signing this form must be proved during the lawsuit. The suit must be brought within four (4) years of the file date of this document.

All parties must receive oral notice of the above information before completing this Acknowledgment. You can receive oral notice of the information by calling 1-800-252-8014 and selecting option 4, "Notice of Rights and Responsibilities of a Parent." If you have questions, you may call the Paternity Opportunity Program at (210) 304- 7240.

STATE OF TEXAS
ACKNOWLEDGMENT OF PATERNITY

This is a legal document. Type or Print in black ink. Parents are to be given a copy of both sides of this completed document.

We declare under penalty of perjury that _____

_____ Biological Father's first   middle   last name

is the biological father of _____

_____ Child's first   middle   last name

born on ____ ____ _____ , in _____

mm   dd   y y y y   city   county   state

to _____

Mother's first   middle   last name   maiden name if different

Father's date of birth   social security number   address   city   state   zip code

Mother's date of birth   social security number   address   city   state   zip code

We further declare under penalty of perjury that:

- We have been given written and oral notice of: the benefits of having paternity established; the availability of paternity establishment and child support services; and the legal consequences of, the rights and responsibilities of, and the alternatives to signing this Acknowledgment. **Written notice is on the back of this legal document.**

- No other man is Acknowledged as the biological father of this child.

- There is no court order naming another man as the biological father of this child.

- A genetic test has not determined that another man is the biological father of this child.

- We understand that the effect of this Acknowledgment of Paternity is a legal finding of paternity that may be challenged only under limited circumstances. Challenge is barred after 4 years.

Mark only the one correct statement from each of the following:

☐ There **has not** been genetic testing of the man listed above to determine if he is the biological father of this child.	**Or**	☐ Genetic testing **has** determined that the man listed above is the biological father of this child.

☐ The mother **was not** married to someone other than the biological father at the time of the child's birth or within 300 days prior to the child's date of birth.	**Or**	☐ The mother **was** married at the time of the child's birth or during the 300 days before the child's birth; and that man has completed the Denial of Paternity below or has a Denial of Paternity filed with the Bureau of Vital Statistics.

_____   _____   _____   _____
Full Signature of Biological Father   date   Full Signature of Mother   date

Denial of Paternity

We declare under penalty of perjury that _____ .

Presumed Father's first   middle   last name

the presumed father of the child, is not the biological father. We understand that filing of this denial with an acknowledgment removes the presumed father's legal duty to support the child and terminates his right of custody or visitation with the child.

_____   _____   _____   _____
Full Signature of Presumed Father   date   Full Signature of Mother   date

Presumed Father's date of birth   social security number   Presumed Father's address   city   state   zip code

Entity Code