

STATE OF CONNECTICUT-DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS SECTION - PARENTAGE REGISTRY
ACKNOWLEDGMENT OF PARENTAGE

INTRODUCTION

Children need and benefit from the active involvement of both parents in their daily lives. One of the best ways to ensure this active involvement is to establish the legal parentage of both parents. And one of the easiest ways to establish legal parentage of both parents is to complete this form. Completion of this *Acknowledgment of Parentage* at the time of birth or at any time after birth is voluntary.

Persons responsible for the preparation and filing of birth records, such as hospital staff, are required to accept the *Acknowledgment of Parentage* up to 10 days from discharge as a basis for including the acknowledging parent's information on the birth certificate. If the parents are not married to each other, completing the *Acknowledgment of Parentage* is a simple way to establish parentage and have the acknowledging parent listed on the birth certificate.

If parentage is established later on, after a birth certificate has already been created, this form must be submitted to the Parentage Registry at the Department of Public Health (please reference instructions at bottom of this page). Once parentage has been established through completion of the *Acknowledgment of Parentage*, the birth certificate will be amended to include the acknowledging parent's information and any requested change to the child's name as identified on the *Acknowledgment of Parentage*.

INSTRUCTIONS

Before completing the *Acknowledgment of Parentage*, please read these instructions and the NOTICE OF RIGHTS AND RESPONSIBILITIES on the back of the *Acknowledgment of Parentage*.

**ALL FIELDS ON THE FORM MUST BE COMPLETED.
IF THE INFORMATION ASKED FOR DOES NOT APPLY TO YOU, ENTER "N/A".**

1. If you have any questions, you should talk to an attorney. Information concerning state child support services can be obtained from any local office of the Connecticut Department of Social Services (DSS), Office of Child Support Services. The address of the local DSS office nearest you can be found in the blue pages of a local telephone book.
2. **Print** all information requested except for your signature. **Use a black ball point pen** and press hard enough to make the copies.
3. **Fill in all spaces.** List your health insurance company, even if it will not cover the hospital bill for the child's birth. If you do not have health insurance, put "none" in that space.
4. If you are completing the *Acknowledgment of Parentage* in a location other than the hospital where the child was born, remember to sign it in front of an authorized official. You may do this in another state. Leave all pages together until both parents have signed.
5. Both parents must sign their legal names on this form **in front of a notary public**, or other authorized officer. Show the notary or other officer a photo identification of yourself, such as your driver's license, motor vehicle identification card, passport, etc. If you are completing this form at the hospital or birthing center right after your child is born, tell the staff when you are ready to sign it. They will assist you with obtaining the services of a notary public.
6. Next to your signature put the date you actually signed the form. It does not have to be the same date the other parent signed.

After this form has been completed, signed, and **sworn to** by both parents, each parent will receive and need to keep a copy of the form (see copy distribution at bottom of form). The completed **original (white)** copy must be sent to the address listed below. If this form is being completed at a hospital or a local DSS office, the hospital or DSS office will forward it to DPH. If you are completing the form on your own or with the assistance of an attorney, you or the attorney must send the **original (white)** copy to the Department of Public Health

Connecticut Department of Public Health
Vital Records Section - Parentage Registry
410 Capitol Avenue- MS#11VRS
P. O. Box 340308
Hartford, CT 06134-0308
Telephone: (860) 509-7958

rev 01/22

Acknowledgment of Parentage
NOTICE OF RIGHTS AND RESPONSIBILITIES
Read all sections before you sign the form.

By signing this form, the Birth Parent and Acknowledging Parent affirm the following:

1. We understand that the acknowledgment of parentage is equivalent to a legal finding of parentage that is binding on both parents, whether adult or minor, and may only be challenged under limited circumstances.
2. The birth certificate of the named child does not identify any other parent except for the birth parent or the acknowledging parent.
3. There is no other parent of the named child other than the birth parent and the acknowledging parent. This means that there is no other acknowledged or adjudicated parent, person who consented to assisted reproduction by the birth parent with the intent to parent the conceived child along with the birth parent, or a person who signed a surrogacy agreement indicating such person's intent to parent the child conceived in accordance with such agreement.
4. There is no action pending in which the named child's parentage is at issue, unless all parties to the action agree to the establishment of the signatory's parentage pursuant to the acknowledgment.

NOTICE OF RIGHTS AND RESPONSIBILITIES TO BIRTH PARENT AND ACKNOWLEDGING PARENT

1. You do not have to sign the *Acknowledgment of Parentage* and you should not sign the form if you are unsure about whether the acknowledging parent meets the legal requirements of parentage, as specified in Public Act 21-15, or if you do not fully understand the rights and responsibilities that you will have upon signing the *Acknowledgment of Parentage*.
2. For an acknowledging parent who is signing as the genetic father, genetic testing (DNA) may be able to establish parentage with a high degree of accuracy, and may, under certain circumstances, be available at state expense. For the purposes of this form, a genetic father is defined as the person whose sperm fertilized the egg that resulted in the conception of the named child, and in which no surrogacy arrangement was used.
3. Once this form is completed, it will be filed with the Connecticut Department of Public Health, Parentage Registry, and the acknowledging parent's name will be placed on the birth certificate if not already listed.
4. As a legal parent, the person acknowledging parentage may obtain rights of custody and visitation, and also will be responsible for the child's financial support at least until the child's eighteenth birthday.
5. Your child may be eligible for many other benefits from the acknowledged parent such as health insurance, social security, veteran's benefits, and the right of inheritance.

ACKNOWLEDGING PARENT'S RIGHTS AND RESPONSIBILITIES – In addition to the rights and responsibilities listed above, as the acknowledging parent you will have the following rights and responsibilities.

1. You have the right to deny parentage and to have your case heard by a court or a family support magistrate.
2. You have the right to speak with an attorney before signing an *Acknowledgment of Parentage*. In addition, if there is a trial concerning the parentage of a child, you have the right to have an attorney represent you and, if you are alleged to be the genetic parent of the child and cannot afford an attorney, you can ask the court to appoint one for you.
3. As legal parent of the child, you will be liable for the child's financial and medical support at least until the child's eighteenth birthday. If you do not support your child, a civil or criminal court case may be brought against you, and the court may order that your income be withheld.
4. The child will be given many rights and benefits which the child may otherwise not have, such as the right to inherit from you, as the legal parent, and be eligible to receive health insurance, social security, or veteran's benefits.

RESCISSION

1. Either parent may rescind the *Acknowledgment of Parentage* within 60 days of signing the *Acknowledgment of Parentage* (or within 60 days of the child's birth date if signed prior to birth), by contacting the Connecticut Department of Public Health, Vital Records Section-Parentage Registry or any field office of the Connecticut Department of Social Services (DSS), Office of Child Support Services, and completing a *Rescission of Acknowledgment of Parentage* form (VS-57 form). The addresses of DSS field offices can be found on the Connecticut DSS website. After signing the VS-57 form in front of a notary public or other authorized official, forward the original to: Connecticut Department of Public Health, Vital Records Section-Parentage Registry, 410 Capitol Avenue, First Floor, MS #11VRS, P.O. Box 340308, Hartford CT 06134-0308.
2. If either parent signs the *Rescission of Acknowledgment of Parentage* (VS-57 form), the acknowledging parent's name will be removed from the birth certificate and the person will no longer be considered the legal parent of the child, unless legal parentage is established in an alternative way.
3. After 60 days from the signing of the *Acknowledgment of Parentage* (or after 60 days of the child's birth date if signed prior to birth), the acknowledging parent's name will be removed from the birth certificate only by order of the court. An *Acknowledgment of Parentage* may be challenged in the court or before a family support magistrate after the 60-day rescission period only on the basis of fraud, duress, or material mistake of fact, with the burden of proof upon the person making the challenge.

IF EITHER ONE OF YOU IS NOT ABSOLUTELY SURE THAT THE ACKNOWLEDGING PARENT MEETS THE LEGAL REQUIREMENTS OF PARENTAGE, YOU SHOULD NOT SIGN THIS *Acknowledgment of Parentage*. If you have any questions you should talk to an attorney.

ACKNOWLEDGMENT OF PARENTAGE

Check One: ☐ At Birth ☐ Post BirthThis is a legal document. Complete in
BLACK ball point pen and do not alter.

CHILD			
CHILD'S NAME (As it currently appears on birth certificate)(First)		(Middle)	(Last)
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NON-BINARY	DATE OF BIRTH	SOCIAL SECURITY NO. (If Available)	IS THE CHILD'S NAME TO BE CHANGED? <input type="checkbox"/> NO <input type="checkbox"/> YES *if yes, complete line item below
CHILD'S NAME (As it will appear on new birth certificate) (First)		(Middle)	(Last)
PLACE OF BIRTH		(CITY)	(STATE)
BIRTH PARENT			
CURRENT NAME (First)		(Middle)	(Last) (Last Name Prior to Marriage If applicable)
DATE OF BIRTH		TELEPHONE NUMBER	SOCIAL SECURITY NO.
RESIDENCE (No. and Street)		(Town)	(State or Foreign Country) (Zip Code)
ACKNOWLEDGING PARENT			
CURRENT NAME (First)		(Middle)	(Last) (Last Name Prior to Marriage If applicable)
DATE OF BIRTH	PLACE OF BIRTH (CITY and STATE OR FOREIGN COUNTRY)	SOCIAL SECURITY NO.	TELEPHONE NUMBER
RESIDENCE (No. and Street)		(Town)	(State or Foreign Country) (Zip Code)
RACE (all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian/ Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> American Indian or Alaskan Native (specify tribe) _____ <input type="checkbox"/> Other Pacific Islander (specify) _____ <input type="checkbox"/> Other Asian (specify) If yes, specify : _____			
HISPANIC ORIGIN? <input type="checkbox"/> NO <input type="checkbox"/> YES	Specify: <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Mexican <input type="checkbox"/> Other (Specify) _____		EDUCATION LEVEL: (highest level COMPLETED) <input type="checkbox"/> 8 th Grade or less <input type="checkbox"/> College/No degree <input type="checkbox"/> Master's degree <input type="checkbox"/> 9 th -12 th grade no diploma <input type="checkbox"/> Associates <input type="checkbox"/> Doctorate/professional degree <input type="checkbox"/> H.S. graduate or GED <input type="checkbox"/> Bachelors
OCCUPATION	BUSINESS/INDUSTRY		
SPOKEN LANGUAGE: (include all) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> American Sign Language <input type="checkbox"/> Armenian <input type="checkbox"/> Chinese (Cantonese) <input type="checkbox"/> Chinese (Mandarin) <input type="checkbox"/> French (including Cajun, Patois) <input type="checkbox"/> French Creole <input type="checkbox"/> Gujarathi <input type="checkbox"/> Khmer <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Persian <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Serbo-Croatian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Spoken Language (specify) _____			
EMPLOYER		EMPLOYER'S ADDRESS (include City and State)	
DO YOU HAVE MEDICAL INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		MEDICAL INSURANCE COMPANY NAME	POLICY NUMBER
<input type="checkbox"/> We affirm that the acknowledging parent is the genetic father of this child and that the child was not born subject to a surrogacy agreement; OR <input type="checkbox"/> We affirm that the acknowledging parent meets at least one of the legal requirements to voluntarily establish parentage. Check all that apply: <input type="checkbox"/> This child was conceived through assisted reproduction with the consent of both of us and with the intention that we both raise this child. <input type="checkbox"/> We were legally married at the time of this child's birth (or if the marriage ended, this child was born not later than 300 days after the date the marriage ended). <input type="checkbox"/> The acknowledging parent resided with the birth parent in the same household with the child and openly held out the child as the person's own child from the time the child was born or adopted and for a period of at least two years.			
BIRTH PARENT'S AFFIRMATION		ACKNOWLEDGING PARENT	
I freely and voluntarily consent to this Acknowledgment of Parentage. The person identified above as 'ACKNOWLEDGING PARENT' is authorized to sign this Acknowledgment of Parentage under Connecticut law and is the parent of this child. I have read or have had read to me, and have had explained to me, the affirmations and the rights and responsibilities on the back of this form, and I understand and agree to the contents. I have had the opportunity to ask questions before I signed this form. A copy of this statement has been given to me. I attest that the above information that I have provided is true and correct to the best of my knowledge.		I freely and voluntarily acknowledge that I am the parent of the child named above, and I am authorized to sign this Acknowledgment of Parentage under Connecticut law. I accept the obligation to support this child and I understand that an order for child support may be entered. I waive my rights to a trial, a lawyer to represent me, and a genetic test to determine parentage, if applicable. I have read or have had read to me, and have had explained to me, the affirmation and rights and responsibilities on the back of this form, and I understand and agree to the contents. I have had the opportunity to ask questions before I signed this form. A copy of this statement has been given to me. I attest that the above information that I have provided is true and correct to the best of my knowledge.	
Birth Parent Signature (use current last name) _____ Date _____		Acknowledging Parent's Signature (use current legal name) _____ Date _____	
State of _____ County of _____ Town of _____ Sworn and subscribed before me on this _____ Day of _____, 20____		State of _____ County of _____ Town of _____ Sworn and subscribed before me on this _____ Day of _____, 20____	
Signature of Witness or authorized officer: _____ Name and title of Witness authorized officer: _____ (title)		Signature of Witness or authorized officer: _____ Name and Title of Witness authorized officer: _____ (title)	
If notary, date commission expires: _____		If notary, date commission expires: _____	
PLACE COMPLETED	<input type="checkbox"/> Hospital <input type="checkbox"/> DPH <input type="checkbox"/> Other <input type="checkbox"/> DSS Regional Office	PLACE COMPLETED	<input type="checkbox"/> Hospital <input type="checkbox"/> DPH <input type="checkbox"/> Other <input type="checkbox"/> DSS Regional office