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FOR CERTIFIED ENTITY STAFF  
**ACKNOWLEDGMENT  
OF PATERNITY  
MANUAL**



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# BASICS OF PATERNITY



# BASICS OF PATERNITY

## WHAT IS PATERNITY ESTABLISHMENT?

- Paternity establishment is the process of determining the legal father of a child born to parents who are not legally married to each other.
- Every child has a biological father, but if a child's parents are not married, the law does not accept or recognize the biological father as the legal father. Until the father is determined to be the legal father, he has no rights to or responsibilities for the child.
- Establishing paternity for a child born to unmarried parents gives the child the same rights and benefits as children born to parents who are married.

## HOW CAN PATERNITY BE ESTABLISHED?

Unmarried parents can establish paternity in one of two ways:

- Completing a voluntary Acknowledgment of Paternity form; or
- Having a Texas court determine paternity

## WHAT IS AN ACKNOWLEDGMENT OF PATERNITY (AOP)?

- Simple Answer: The AOP is the form used when a mother and father want to voluntarily establish legal paternity for their biological child.
- More Specifically: The AOP is the form used when the biological parents of a child are not married to each other when their baby is born. All parties voluntarily complete the AOP, and then the form is filed with the Department of State Health Services (DSHS) Vital Statistics Section (VSS). After the AOP is filed with the VSS, it becomes a legal finding of paternity.
- An AOP cannot be used to establish or deny parentage for children born to same-sex couples.

## WHO BENEFITS FROM ESTABLISHING PATERNITY?

### The child

A child benefits from establishing paternity by having:

- A legal record of the identity of his or her parents
- The father's name may be added to the birth certificate
- Access to family medical history and genetic information
- The emotional benefits of knowing the identity of both parents
- Financial support from both parents
- Medical support or health insurance from either parent
- Other financial benefits, such as Social Security benefits, veteran benefits, military allowances, worker's compensation benefits and inheritance

## **The mother**

Benefits to the mother for establishing paternity may include:

- Help in sharing of parental responsibilities
- Information about family medical history
- Improved financial security for the family
- Access to medical support and/or health insurance for the child

## **The father**

The father benefits from establishing paternity by legally validating his:

- Help in sharing of parental responsibilities
- Right to have his name added to the child's birth certificate
- Parental rights
- Right to seek court-ordered custody and visitation
- Right to be informed of an adoption proceeding

## **WHEN CAN THE AOP BE DONE?**

- Before the baby is born
- When the baby is born
- Any time after the baby is born and before a child support order or paternity determination is in place

## **WHO CAN COMPLETE AN AOP?**

### Always:

- Biological mom
- Biological dad

### Sometimes:

- Presumed father

### Never:

- Surrogate parents
- Same sex couples



# INSTRUCTIONS



# INSTRUCTIONS

This section covers the following topics:

**Responsibilities of a Certified Entity**

**Sample AOP and Parent Survey**

**Step-by-Step Process for Completing a Basic AOP**

**Example AOP and Parent Survey**

**Appropriate Identification:** This section provides a list of all acceptable forms of identification a party can use when completing an AOP.

## **RESPONSIBILITIES OF A CERTIFIED ENTITY**

- Complete AOP Certified Entity Training provided by the Office of the Attorney General (OAG) at least once a year.
- Provide parties the opportunity to establish paternity through the completion of the AOP.
- Provide parties with all legally required information about paternity establishment and child support services.
- Ensure the AOP is completed correctly.
- Provide the parties with an opportunity to complete a Parent Survey.
- Provide a copy of the completed AOP form to all signatories.
- File the completed AOP form with the Texas Department of State Health Services, Vital Statistics Section.
- Retain the original documents according to your entity's retention schedule. A minimum of two years is suggested.
- Provide instructions and assistance to rescind an AOP, if necessary.

## **HOSPITALS, BIRTHING CENTERS AND MIDWIVES**

All birthing hospitals, birthing centers, registered nurses working in a partnership program funded through the nurse-family partnership competitive grant program, the Texas Department of State Health Services, Vital Statistics Section and each certified entity must have properly trained staff to inform parents about the AOP process and to conduct the AOP process when requested. [1 TAC § 55.407]

## **WHERE CAN I FIND THE LAWS THAT ADDRESS THE AOP?**

Laws that address the AOP process may be found below and in the Resources section of this training manual.

- United States Code, Chapter 42, Section 666 (a) (5) (C) (D) and (E)
- Texas Family Code, Chapter 160, Subchapter D
- Texas Health and Safety Code, Attachment 1, Section 192.012
- Texas Administrative Code, Chapter 55, Subchapter J, Rules 55.401 – 55.409

# SAMPLE AOP & PARENT SURVEY





# 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 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 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
m m d d 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 alternative to signing this Acknowledgment.
- No other Acknowledgment of Paternity form naming another man as the biological father of this child has been filed.
- 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.

Fill one circle by the correct statement from EACH of the following:

<input type="radio"/> There <b>has not</b> been genetic testing of the man listed above to determine if he is the biological father of this child.	<b>OR</b>	<input type="radio"/> Genetic testing <b>has</b> determined that the man listed above is the biological father of this child.
<input type="radio"/> The mother <b>was not</b> 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 there is a court order that states that the man the mother was married to is not the father of the child, and during the first two years of the child's life, no man continuously lived with the child and represented the child as his own.	<b>OR</b>	<input type="radio"/> The mother <b>was</b> married to someone other than the biological father at the time of the child's birth or during the 300 days before the child's birth or during the first two years of the child's life, a man continuously lived with the child and represented the child as his own; and that man has completed the Denial of Paternity below or has a Denial of Paternity filed with the Vital Statistics Unit.

\_\_\_\_\_  
Full Signature of Biological Father date Full Signature of Mother date

**Denial of Paternity** (only required if "mother **was** married to someone other than the biological father or if, during the child's first two years of life, a man continuously lived with the child and represented the child as his own" is checked.)

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

WARNING: This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document.

**This is a 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 get a genetic test. **The biological father who signs this Acknowledgment becomes the legal father of the child when this document is filed with the Department of State Health Services, Texas Vital Statistics**

Signing this legal document gives you certain rights and responsibilities. Signing this document is voluntary. You should consult an attorney if you have any concerns about signing this document. This document requires an Entity Code completed in the lower right corner by an individual certified by the Office of the Attorney General to administer Acknowledgments of Paternity.

### Benefits, Right, 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.

**This Acknowledgment has the same effect as a court order establishing paternity.** Both parents have parental right 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. 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 prior to any court hearing in a proceeding involving 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 Texas 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 a marriage (by a finalized divorce,) 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 by the biological father and mother, 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 Rescission of Acknowledgment of Paternity (VS-158) to rescind this document. The Rescission of Acknowledgment of Paternity must be filed within sixty (60) days after this legal document is filed with Texas Vital Statistics or before the date a proceeding related to the child is initiated, whichever occurs first. After sixty (60) days, or the date a proceeding for the child was initiated, a lawsuit is required to challenge this document. Fraud, duress, or material mistake of fact in signing this form must be proven during the lawsuit.

### If a Party is a Minor

Minors are authorized to complete the Acknowledgment of Paternity without parental consent. Minors are allowed to rescind or challenge this document in the same procedures as persons eighteen (18) or older.

All parties must receive oral notice of the above information before completing this Acknowledgment. You can receive oral notice of the information by calling 1-866-255-2006 and selecting option 1, "Notice of Rights and Responsibilities of a Parent."

If you have questions, you may call the Paternity Opportunity Program at 1-866-255-2006.





**PARENT SURVEY ON THE ACKNOWLEDGEMENT OF PATERNITY (AOP)**  
Mandated By Law

*This Survey should be completed after the AOP has been signed or a person has declined to sign the AOP.*

Hospital/Entity Name & Location: \_\_\_\_\_ Entity Code: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please read and INITIAL the following:**

STATEMENTS	MOTHER	FATHER
1. I was given the opportunity to sign an Acknowledgment of Paternity.	_____	_____
2. I choose <b>NOT</b> to complete an Acknowledgment of Paternity	_____	_____

*If you initial #2, please skip questions 3 through 8.*

3. I was made aware that I could have a DNA test done before I signed the AOP.	_____	_____
4. I was given written and oral information regarding the benefits, rights and responsibilities of an AOP, an explanation of those rights and responsibilities, and information about child support.	_____	_____
5. The biological father who signed this AOP will have all legal rights and duties of a parent. This may include the legal responsibility for financial and medical support of the child named in this AOP.	_____	_____
6. If I change my mind, a Rescission of Acknowledgment of Paternity (VS-158) must be filed within the earlier of 60 days of signing the Acknowledgment of Paternity or the date a proceeding involving the child is initiated before a court.	_____	_____
7. After 60 days, I may challenge the AOP in court and must prove fraud, duress, or material mistake of fact.	_____	_____
8. I was given a completed copy of the AOP with the benefits, rights, and responsibilities on the back.	_____	_____

Mother's Printed Name: \_\_\_\_\_ ID Type: \_\_\_\_\_  
 Mother's Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Father's Printed Name: \_\_\_\_\_ ID Type: \_\_\_\_\_  
 Father's Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Certified Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Presumed Father:** (After you read the Denial of Paternity and Change of Mind sections of the rights and responsibilities, please read the statement below and initial.)

After I have signed the Denial of Paternity and it has been filed with the Vital Statistics Unit, my legal rights and responsibilities to this child will be terminated. If I change my mind, a Rescission of Acknowledgment of Paternity (VS-158) can be filed within the earlier of 60 days of signing the Acknowledgment of Paternity or the date a proceeding involving the child is initiated before a court. After 60 days, I may challenge the AOP in court and must prove fraud, duress, or material mistake of fact.

*Initial Here:* \_\_\_\_\_

Presumed Father's Printed Name: \_\_\_\_\_ ID Type: \_\_\_\_\_  
 Presumed Father's Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Certified Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**ENCUESTA SOBRE EL RECONOCIMIENTO DE PATERNIDAD(AOP)**  
*Ordenada en Conformidad con la Ley*

*Esta encuesta debe ser llenada después de que el Reconocimiento de Paternidad (AOP) ha sido firmado o después de que una persona se ha negado a firmarlo.*

Hospital/Entidad Nombre y Ubicación: \_\_\_\_\_ Código de la Entidad \_\_\_\_\_  
 Nombre del Niño(a): \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_

**Favor de leer y poner sus INICIALES en las siguientes declaraciones:**

DECLARACIONES	MAMÁ	PAPÁ
1. Me dieron la oportunidad de firmar un formulario de Reconocimiento de Paternidad (Acknowledgment of Paternity, AOP, en inglés)..	_____	_____
2. Tomo la opción de <b>NO</b> llenar un Reconocimiento de Paternidad (AOP).	_____	_____

**Si Pone sus iniciales en #2, por favor ignore las preguntas 3 a 8..**

3. Me han informado que me puedo someter a una prueba genética de ADN (DNA) antes de firmar el Reconocimiento de Paternidad (AOP)	_____	_____
4. Me dieron información por escrito y oralmente con respecto a los beneficios, derechos y responsabilidades de un AOP, una explicación de tales derechos y responsabilidades e información sobre la manutención de niños.	_____	_____
5. El padre biológico que firmó este AOP tendrá todos los derechos y deberes legales de un padre. Esto puede incluir la responsabilidad legal de manutención económica y manutención médica del niño nombrado en este AOP..	_____	_____
6. Si cambio de opinión, una Anulación de Reconocimiento (VS-158) debe ser presentada ya sea dentro de 60 días de haber firmado el AOP o antes de la fecha en que inicie un procedimiento relacionado con el niño ante la corte, lo que ocurra primero.	_____	_____
7. Después de 60 días, puedo desafiar el AOP ante la corte y debo comprobar fraude, coacción, o error material de un hecho.	_____	_____
8. Me dieron una copia del AOP llenado, con los beneficios, derechos, y responsabilidades en la parte posterior..	_____	_____

Nombre de la Mamá en letra de molde: \_\_\_\_\_ Identificación: \_\_\_\_\_  
 Firma de la Mamá: \_\_\_\_\_ Número de teléfono: \_\_\_\_\_  
 Nombre del Papá en letra de molde \_\_\_\_\_ Identificación: \_\_\_\_\_  
 Firma del Papá \_\_\_\_\_ Número de teléfono: \_\_\_\_\_  
 Firma del Personal Certificado: \_\_\_\_\_ Fecha: \_\_\_\_\_

**El Presunto Papá:** (Después de leer las secciones: Negación de Paternidad (Denial of Paternity) y Cambio de Opinión (Change of Mind), en los Derechos y Responsabilidades, por favor lea la siguiente declaración y ponga sus iniciales.)

Después de que yo haya firmado la **Negación de Paternidad** y sea presentada ante la Unidad de Estadísticas Vitales (Vital Statistics Unit), mis derechos y responsabilidades legales hacia este niño serán terminados. Si cambio de opinión, se puede presentar una **Anulación del Reconocimiento de Paternidad (VS-158)** ya sea dentro de 60 días de haber firmado el AOP o antes de la fecha en que inicie un procedimiento relacionado con el niño ante la corte, lo que ocurra primero. Después de 60 días, puedo desafiar el AOP ante la corte y debo comprobar fraude, coacción, o error material de un hecho.

**Iniciales aquí:** \_\_\_\_\_

Nombre del Presunto Papá en letra de molde: \_\_\_\_\_ Identificación \_\_\_\_\_  
 Firma del Presunto Papá: \_\_\_\_\_ Número de teléfono: \_\_\_\_\_  
 Firma del Personal Certificado: \_\_\_\_\_ Fecha: \_\_\_\_\_

# STEP-BY-STEP INSTRUCTIONS



# STEP-BY-STEP INSTRUCTIONS

This section is a nine-step checklist to follow when completing a standard AOP. The nine steps are listed in the table below. It is helpful to use this page each time you complete an AOP.

<b>AOP Checklist</b>			
	First	Middle	Last
Infant's Name:	_____		
Mother's Name:	_____		
Biological Father's Name:	_____		
Presumed Father's Name (if applicable):	_____		
<b>Step</b>	<b>Process</b>	<b>Complete?</b>	
1	Determine whether an AOP is appropriate	_____	
2	Provide all required information	_____	
3	Reassess whether an AOP is appropriate	_____	
4	Complete the AOP	_____	
5	Review the completed AOP	_____	
6	Complete a Parent Survey	_____	
7	Submit the AOP to VSS via TxEVER	_____	
8	Provide all required copies to parties	_____	
9	Retain original documents	_____	

## TWO-PARTY AOP

An AOP is completed when the following conditions are met:

- Biological parents are not married to each other and are both present
- Parties are certain the man who wants to sign the AOP is the biological father
- Parties are willing to sign the AOP

## AOP GUIDELINES

- Use the Vital Statistics Section's Texas Electronic Vital Events Registrar (TxEVER) to submit an AOP
- Only signing parties to the AOP should be present
- Never give out a blank AOP
- Never leave parties that are completing an AOP unattended
- All parties **must** provide identification prior to signing the AOP
- Picture identification is preferred but not required

# STEP 1 – Determine Whether an AOP Is Appropriate

## ARE THE PARENTS ELIGIBLE?

The first step is to determine if an AOP is appropriate by asking the parents a few questions to confirm that:

- The biological parents were unmarried when their child was born, and there is no presumed father.
- All parties to the AOP are certain that the man who wants to sign the AOP is the biological father.
- Both biological parents want to voluntarily establish legal paternity for their child.
- All parties to the AOP are capable of understanding the legal consequences of completing the document.

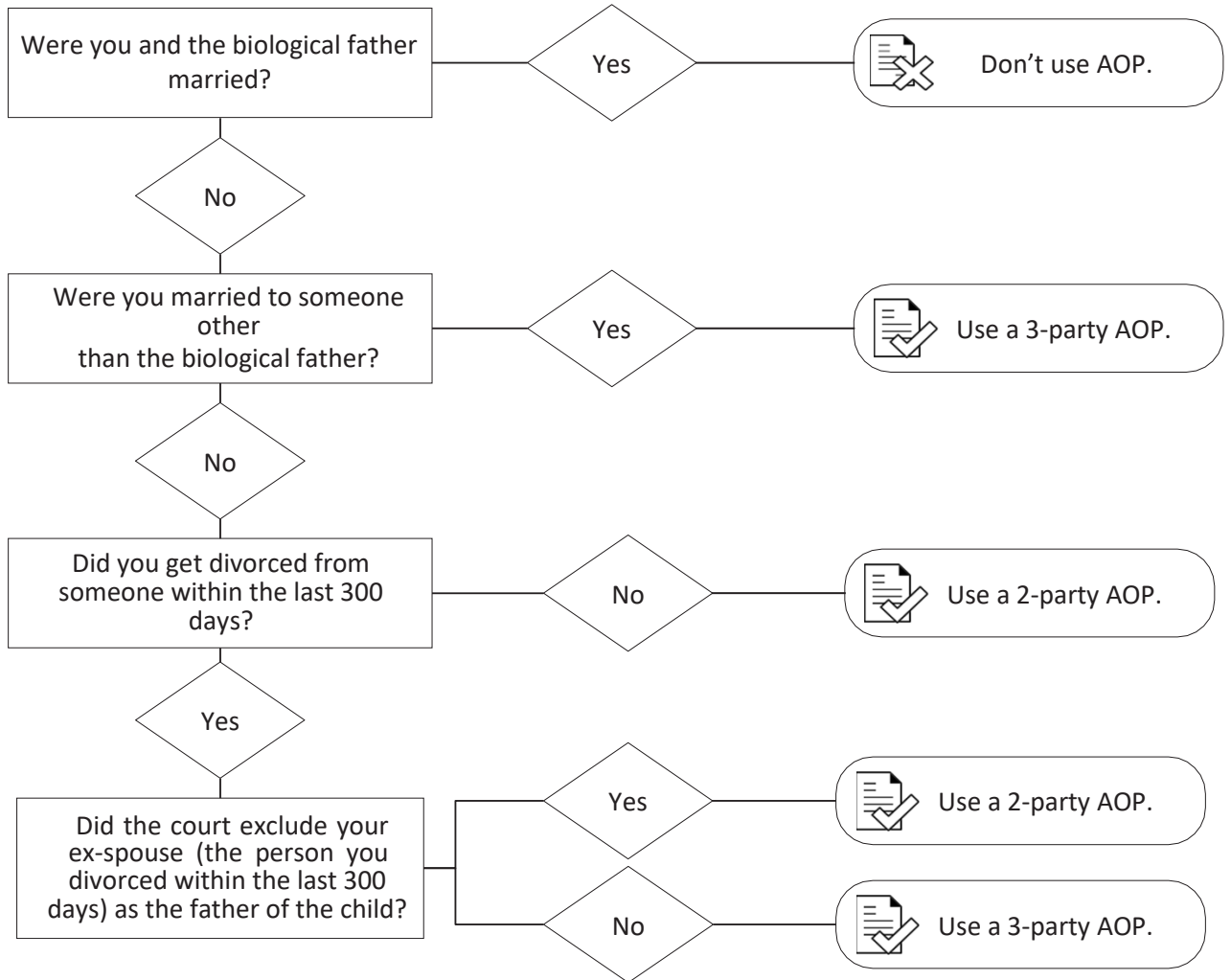
## WHO IS A PRESUMED FATHER?

- The man married to the biological mother at the time of the child's birth.
- The ex-husband if the child was born within 300 days of the divorce unless the divorce decree specifically excludes the ex-husband as the father.
- The man who lived with the child continuously during the first two years of the child's life and represented the child as his own.

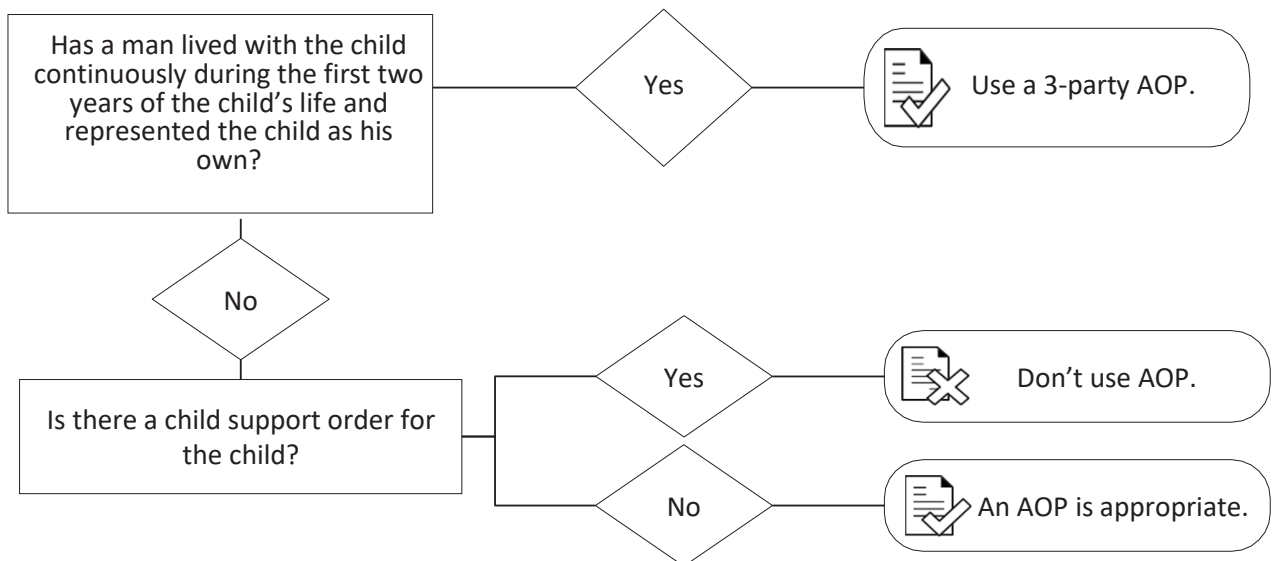
## AOP Assessment: Questions for Biological Mother

At the time of the child’s birth, ask these questions and verify mother is not currently married or recently divorced from a woman. Acknowledgment and Denial of Paternities cannot be used with same sex couples.

At the time of the child’s birth, ask these questions.



If the child is not a newborn, ask these questions.



## QUESTIONS TO ASK YOURSELF

1. Are you related to any of the parties to the AOP?
2. Are you well acquainted with any of the parties to the AOP in a manner that might make it appear you have some undue influence over their decision to sign the AOP?
3. Are you aware of a presumed father who cannot or will not sign the Denial of Paternity portion of the AOP?
4. Are you aware of an existing child support order for this child?

---

If you answered **YES** to No. 1 or No. 2, find another certified staff member to complete the AOP process.

If you answered **YES** to No. 3 or No. 4, **stop** the AOP process and **redirect** the couple to another paternity establishment option (OAG or private attorney).

If you answered **NO** to all, continue the AOP process.

---

## STEP 2 – Provide All Required Information

### INFORMATION YOU MUST GIVE THE PARTIES

- Their **Benefits, Rights and Responsibilities** found on the back of the AOP form.
  - **Written Information** on the benefits, rights and responsibilities of signing an AOP
    - Provide the parties with a copy of the back of the AOP. You can download this document in English and Spanish by visiting the Child Support section of [www.texasattorneygeneral.gov](http://www.texasattorneygeneral.gov) and selecting AOP Certified Entities – Materials for Certified Entities.
  - **Oral Information** on the rights and responsibilities of signing an AOP
    - READ this document line by line to the parties, or
    - call (866) 255-2006 and allow the parties to listen to the recording in either English or Spanish, or
    - allow the parties to watch the AOP video.
  - **Explanation of the Rights and Responsibilities**
    - After written and oral information is given to the parties, answer their questions to the best of your ability. Be sure to explain every part of this document until you are sure it is understood.
- **Information** on the availability of child support services.
  - Use brochures and handouts available from the Office of the Attorney General.



## EXPLAIN IN DETAIL



**Making sure parents completely understand the AOP process is the most important thing you will do.**

Refer to the example AOP in this manual as you read this section!

***“This is a legal document ... rights and responsibilities...”***

- This document carries the same weight as a court order establishing paternity.

***“... biological father of the child ...”***

- The biological father is the man who conceived the child with the mother.

***“You may want to get a genetic test.”***

- A genetic test is also called a DNA test.
  - If you think a DNA test may be necessary, encourage parties to delay signing the AOP.
  - A DNA test can be done in a private lab.
  - If you open a child support case with the Office of the Attorney General (OAG), and the OAG determines that a DNA test is necessary, one may be provided with no upfront cost.
  - Only DNA tests done through a lab accredited by the American Association of Blood Banks (AABB) may be considered in court.
  - Tests done in non-accredited labs and over-the-counter home DNA paternity testing kits will not be considered as evidence in Texas court.
  - Generally, the OAG will not provide a DNA test if the parties have already completed the AOP.

***“voluntary”***

- **This is important!** The AOP is only used when all parties agree. There are other ways to establish paternity when the parties are not in agreement.

***“Both parents have parental rights and duties as provided by state law.”***

- In Texas, both legal parents are responsible for the financial and emotional support of their child.
- Some rights you may have as a legal parent include:
  - Access to your child's medical and school records
  - The right to request custody, visitation, or financial and medical support for your child
  - Name placed on the birth certificate
  - Provision of benefits (such as Social Security or military) to your legal child

***“Establishment of paternity is required for a father's name to be entered on a birth certificate.”***

- Only the legal father's name may be placed on the birth certificate. If the AOP is completed at the time of the child's birth, then the father's name is automatically listed. If the AOP is completed at a later time, the child's parents will need to amend the child's birth certificate.
- To change the child's birth certificate based on an AOP or Texas court order, both parents must sign (before a notary public) the **Correcting a Birth Certificate** (VS-170) form from the Texas Vital Statistics Section. (More detail will be provided about this form later in the training.)

***“Denial of Paternity”***

- When certified entities are certain there is no presumed father, they can choose not to read this particular section, but it is a best practice to review it with parents.
- Three indications that a man is a presumed father:
  - He was married to the biological mother at the time of the child's birth.
  - He was married to the biological mother within 300 days before the child's birth.
  - He continuously lived with the child for the first two years of the child's life and represented the child as his own.

**Note:** The Denial of Paternity is not needed if a divorce decree specifically states that the husband is not the biological father of the child.

***“... the presumed father is not the biological father ...”***

- **This is very important.** The AOP is used only when unmarried biological parents want to establish paternity. If the presumed father is the biological father but wishes to relinquish his parental rights, the AOP is not the correct process.

***“Change of Mind”***



**Important! Go over this section very carefully with the parent.**

***“... he/she may file a Rescission of Acknowledgment of Paternity (VS-158) to rescind this document ... within sixty (60) days ...”***

- If any party changes his or her mind about signing the AOP, he or she can file the **Rescission of Acknowledgment of Paternity** (VS-158) to invalidate the AOP before the earlier of:
  - A legal proceeding that has been initiated regarding the child, or
  - the 60th day after the AOP was originally filed with the VSS.

***“... to challenge this document.”***

- If any party to the AOP changes his or her mind after the time frame for rescission has elapsed, that person may challenge the AOP by filing a lawsuit with the Texas court and going before a judge to prove fraud, duress or material mistake of fact.
- A challenge to the AOP can be filed any time before the issuance of an order affecting the child, including a child support order.
- Challenging an AOP may require the assistance of a private attorney.

**Additional information about rescinding or challenging the AOP:**

- Certified entities will assist in explaining the steps to complete the rescission form, but the parent is responsible for actually mailing the required documents to the VSS.
- Parents should understand that once the AOP is signed and the rescission period has passed, a challenge requires a lawsuit.
- The OAG does not assist parents with challenging the AOP.

# STEP 3 – Reassess Appropriateness of an AOP

## ASK THE PARTIES

1. Do you have additional questions about any part of the AOP?

---

If the answer is **YES**, answer all of the parties' questions. If you are not able to answer their questions, please reach out to your Paternity Coordinator.

If the answer is **NO**, **continue** to the next question.

---

2. Do you understand all that I have read and explained to you about paternity establishment and this AOP form?

3. Do you want to complete the AOP process, legally establishing paternity for this child?

---

If the answer is **YES** to both No. 2 and No. 3, **continue** the AOP process.

If the answer is **NO** to No. 2, answer questions to the parties satisfaction and **continue** the AOP process or direct the party(s) to the AOP Hotline at (866) 255-2006.

If the answer is **NO** to No. 3, **stop** the AOP process and refer the parties to the OAG or a private attorney.

---

**Note:** If either party asks about or mentions DNA or paternity testing, make sure it is understood that parties can get testing through a private lab – but testing should be done before completing an AOP. If a party opens a child support case with the Office of the Attorney General, and the OAG determines that a DNA test is necessary, one may be provided with no upfront cost. A common complaint from parties is that they did not understand the need to request a paternity test prior to signing an AOP.

## ASK YOURSELF:

- Have I provided all of the legally required information about the benefits, rights and responsibilities of paternity establishment and about child support services?
- Am I confident this person understands all that I have read and explained about this document?

---

If the answer is **YES** to both, **continue** the AOP process.

If the answer is **NO** to either, **pause** the AOP process.

---

# STEP 4 – Complete the AOP

- Read the AOP document aloud to the party(s) as you complete each section of the AOP or as you review each section of the Texas Electronic Vital Events Registrar (TxEVER) generated AOP.
- Explain penalty for perjury:
  - Section 37.10 of the Texas Penal Code states that a person commits an offense if the person makes, presents or uses any record, document or thing with knowledge of its falsity. An offense under this section is a Class A misdemeanor unless the person's intent is to defraud or harm another, in which event the offense is a state jail felony.
- Certified entities must complete and submit AOPs using the TxEVER system

DocuSign is now an option when completing an AOP. You can access this program by logging into the certified entities portal.

**Note:** This section will be addressed under DocuSign. (See page 113).

If the TxEVER system is unavailable, the certified entity may fill this in by hand.

- Use an original AOP
- Use black ink
- Correct errors
  - With one straight line only
  - Do not use "Wite-Out" correction fluid or tape
  - Initial the correction
  - Identify initials in the left margin
- Complete the first six lines of the AOP (and the Denial of Paternity, if applicable)
- Refer to the TxEVER AOP Registration Guide available online at <https://www.dshs.texas.gov/vs/partners/txevery-guides/>

**Note:** If a correction is made you must provide parties a copy of the corrected AOP.

## COMPLETE STATEMENT BOXES

- First, read each statement to the parents.
- Fill in one circle next to each correct statement and have parents confirm.

## **PARENTS MUST SIGN THE AOP**

Parties may sign:

- First Name, Last Name
- First Name, Middle Name, Last Name
- First Name, Middle Initial, Last Name

If a parent is unable to sign his or her name due to a physical disability, lack of knowledge or ability to write, any mark, including an "x" or initials, is acceptable.

## **DATES**

All dates on the AOP must be legible. It is a best practice to use this format:

- Month – Day – Year

## **ENTITY CODE**

Confirm or fill in your entity code at the bottom of the AOP.

## **VARIATIONS ON THE AOP**

### **Social Security Number and Address**

It is possible to print an AOP without a Social Security number or address.

If a party:

- does not have a Social Security number, leave blank.
- does not have an address or declines to provide one type "withheld" in the data field in TxEVER.
- declines to provide a Social Security number, select "withheld by request" in TxEVER.
- indicates family violence, select "withheld by request" for all parties.

This will allow the information to be saved in TxEVER, but "withheld by request" will appear on the printed AOP.

### **Minor Parties**

- Minors may complete the AOP without parental consent.
- Minors have the right to the same processes for rescission and challenge of the AOP as parties 18 or older.

# STEP 5 – Review Completed AOP

## REQUIRED ELEMENTS

- Biological father's information: full name and date of birth
- Child's information: full name, date of birth, city, county and state of birth
- Mother's information: full name including maiden name and date of birth
- Appropriate circles filled in the statement boxes
- Correct signatures and dates
- Your entity code

**Note:** Presumed Father, if applicable, provide his full name and date of birth.

# STEP 6 – Complete a Parent Survey

The parent survey is proof that the certified entity met the requirements of the law, and it may be used as evidence in Texas court.

- The parent survey is required by Section 55.408 of the Texas Administrative Code.
- Obtain copies by visiting the child support website at <https://www.texasattorneygeneral.gov/child-support>, select select AOP for Certified Entities, then select Materials for Certified Entities.
- Parties should complete the survey with minimal involvement from the certified entity.
- Retain this survey according to your entity's retention schedule. A minimum of two years is recommended.
- The certified entity completes the top two lines.
- Parties should initial next to every applicable statement.
- Indicate the type of ID provided.
  - Copy the identification and staple it to this form.
  - Be sure to black out any sensitive information such as credit card numbers.
- Certified staff and parties all sign the completed parent survey.

## WHAT IF PARTIES DECLINE TO COMPLETE A PARENT SURVEY?

- Parties who decline to complete or sign the Parent Survey may still complete an AOP, which shall be filed with the VSS.
- Certified staff complete the top two lines of the Parent Survey.
- Record form of ID presented.
- Certified staff shall sign and date the Parent Survey.
- Note on the Parent Survey that it was offered but declined by the parties (state the reason for declining if one was given).
- Retain the Parent Survey in your file according to your entity's retention schedule.

## WHAT IF THE MOTHER DECLINES AN AOP AT THE TIME OF BIRTH?

- Certified staff complete the top two lines of the Parent Survey.
- Have the mother initial No. 1 and No. 2.
- Mother shall print and sign her name.
- Certified staff shall sign and date.
- Retain the Parent Survey in your file according to your entity's retention schedule.
- Provide information about alternative options to assist her in establishing paternity.
- Provide information on the availability of child support services through the Office of the Attorney General.

## STEP 7 – Submit the AOP to the Vital Statistics Section

- All AOPs will be submitted via TxEVER.
- Please follow the steps in the TxEVER Registration Guide for submitting, birth matching and releasing the record in TxEVER.
- The TxEVER AOP Registration Guide is available online at <https://www.dshs.texas.gov/vs/partners/txevery-guides/>, under user and training guide.

## STEP 8 – Provide All Required Copies to Parties

You must provide printed copies of the AOP to all parties completing the AOP.

- Write or stamp the word "COPY" on the bottom left-hand corner of the copy given to the parties.



**Never stamp or write the word "COPY" on an original AOP if you completed the AOP manually.**

- Ensure the copy of the AOP includes the Benefits, Rights and Responsibilities (English only). This provides clear evidence that the parties had access to all of the information you were required to provide prior to signing.
- Best Practice: Provide TxEVER AOP copies to all parties.



# STEP 9 – Retain original documents

Retain the following documents in a centralized and secure location according to your entity's retention schedule. It is recommended that the following documents be kept for a minimum of two years:

- TxEVER generated and manually completed AOP
- Parent Survey
- Copy of identification presented

Example of TxEVER AOP with Electronic Signatures



STATE OF TEXAS  
ACKNOWLEDGMENT OF PATERNITY

WARNING: This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document.

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

We declare under penalty of perjury that DANNY RAY ZUKO  
Biological Father's first middle last name

is the biological father of BETTY RIZZO ZUKO  
Child's first middle last name

born on 11 01 2020, in RYDELL MCGEE TEXAS  
m m d d y y y y city county state

to SANDRA MARIA OLSEN OLSEN  
Mother's first middle last name maiden name if different

04 18 1995 123-23-1234 58 GREASE LIGHTING RYDELL TEXAS 76904  
Father's date of birth social security number address city state zip code

07 01 1997 123-34-4321 58 GREASE LIGHTING RYDELL TEXAS 76904  
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 alternative to signing this Acknowledgment.
- No other Acknowledgment of Paternity form naming another man as the biological father of this child has been filed.
- 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.

Fill one circle by the correct statement from EACH of the following:

<input checked="" type="radio"/> There <u>has not</u> been genetic testing of the man listed above to determine if he is the biological father of this child.	OR	<input type="radio"/> Genetic testing <u>has</u> determined that the man listed above is the biological father of this child.
<input checked="" type="radio"/> The mother <u>was not</u> 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 there is a court order that states that the man the mother was married to is not the father of the child, and during the first two years of the child's life, no man continuously lived with the child and represented the child as his own.	OR	<input type="radio"/> The mother <u>was</u> married to someone other than the biological father at the time of the child's birth or during the 300 days before the child's birth or during the first two years of the child's life, a man continuously lived with the child and represented the child as his own; and that man has completed the Denial of Paternity below or has a Denial of Paternity filed with the Vital Statistics Unit.

<u>Danny Zuko</u> Full Signature of Biological Father	<u>11/03/2020</u> date	<u>Sandy Olsen</u> Full Signature of Mother	<u>11/03/2020</u> date
--	---------------------------	--	---------------------------

**Denial of Paternity** (only required if "mother was married to someone other than the biological father or if, during the child's first two years of life, a man continuously lived with the child and represented the child as his own" is checked.)

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
Texas Department of State Health Services Vital Statistics VS-159.11 Revised 09/2011		<b>AOP Number</b>	<b>Entity Code</b>	<b>State File Number</b>	
		<u>111111</u>	<u>3333</u>		

**COPY**

IMPORTANT! Please remember to include the Benefits, Rights and Responsibilities back page found on the AOP form for customers.

# Example of TxEVER AOP with Uploaded Signatures – Part 1 of 2



## STATE OF TEXAS ACKNOWLEDGMENT OF PATERNITY

**WARNING:** This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document.

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

We declare under penalty of perjury that \_\_\_\_\_ DANNY \_\_\_\_\_ RAY \_\_\_\_\_ ZUKO \_\_\_\_\_  
Biological Father's first middle last name

is the biological father of \_\_\_\_\_ BETTY \_\_\_\_\_ RIZZO \_\_\_\_\_ ZUKO \_\_\_\_\_  
Child's first middle last name

born on 11 01 2020 , in \_\_\_\_\_ RYDELL \_\_\_\_\_ MCGEE \_\_\_\_\_ TEXAS \_\_\_\_\_  
m m d d y y y y city county state

to \_\_\_\_\_ SANDRA \_\_\_\_\_ MARIA \_\_\_\_\_ OLSEN \_\_\_\_\_ OLSEN \_\_\_\_\_  
Mother's first middle last name maiden name if different

<u>04</u> <u>18</u> <u>1995</u>	<u>123-23-1234</u>	<u>58 GREASE LIGHTING</u>	<u>RYDELL</u>	<u>TEXAS</u>	<u>76904</u>
Father's date of birth	social security number	address	city	state	zip code
<u>07</u> <u>01</u> <u>1997</u>	<u>123-34-4321</u>	<u>58 GREASE LIGHTING</u>	<u>RYDELL</u>	<u>TEXAS</u>	<u>76904</u>
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 alternative to signing this Acknowledgment.
- No other Acknowledgment of Paternity form naming another man as the biological father of this child has been filed.
- 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.

**Fill one circle by the correct statement from EACH of the following:**

<input checked="" type="radio"/> There <u>has not</u> been genetic testing of the man listed above to determine if he is the biological father of this child.	or <input type="radio"/> Genetic testing <u>has</u> determined that the man listed above is the biological father of this child.
<input checked="" type="radio"/> The mother <u>was not</u> 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 there is a court order that states that the man the mother was married to is not the father of the child, and during the first two years of the child's life, no man continuously lived with the child and represented the child as his own.	or <input type="radio"/> The mother <u>was</u> married to someone other than the biological father at the time of the child's birth or during the 300 days before the child's birth or during the first two years of the child's life, a man continuously lived with the child and represented the child as his own; and that man has completed the Denial of Paternity below or has a Denial of Paternity filed with the Vital Statistics Unit.

Signature Document on file	11/03/2020	Signature Document on file	11/03/2020
<small>Full Signature of Biological Father</small>	<small>date</small>	<small>Full Signature of Mother</small>	<small>date</small>

**Denial of Paternity** (only required if "mother was married to someone other than the biological father or if, during the child's first two years of life, a man continuously lived with the child and represented the child as his own" is checked.)

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.

<small>Full Signature of Presumed Father</small>	<small>date</small>	<small>Full Signature of Mother</small>	<small>date</small>

<small>Presumed Father's date of birth</small>	<small>social security number</small>	<small>Presumed Father's address</small>	<small>city state zip code</small>
		<b>AOP Number</b>	<b>Entity Code</b>
		1111111	3333
Texas Department of State Health Services Vital Statistics VS-159, IF Revised 09/2011		<b>State File Number</b>	

COPY

**IMPORTANT! Please remember to include the Benefits, Rights and Responsibilities back page found on the AOP form for customers.**



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 this completed document.

We declare under penalty of perjury that DANNY RAY ZUKO  
Biological Father's first middle last name

is the biological father of BETTY RIZZO ZUKO  
Child's first middle last name

born on 11/01/2020 in RYDELL MCGEE TEXAS  
m m d d y y y y city county state

to SANDRA MARIA OLSEN OLSEN  
Mother's first middle last name maiden name if different

04/18/1995 123-23-1234 58 GREASE LIGHTING RYDELL TEXAS 76904  
Father's date of birth social security number address city state zip code

07/01/1997 123-34-4321 58 GREASE LIGHTING RYDELL TEXAS 76904  
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 alternative to signing this Acknowledgment.
- No other Acknowledgment of Paternity form naming another man as the biological father of this child has been filed.
- 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.

Fill one circle by the 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 there is a court order that states that the man the mother was married to is not the father of the child, and during the first two years of the child's life, no man continuously lived with the child and represented the child as his own. **OR**  The mother **was** married to someone other than the biological father at the time of the child's birth or during the 300 days before the child's birth or during the first two years of the child's life, a man continuously lived with the child and represented the child as his own; and that man has completed the Denial of Paternity below or has a Denial of Paternity filed with the Vital Statistics Unit.

Danny Zuko / 11/03/2020 Sandy Olsen / 11/03/2020  
Full Signature of Biological Father date Full Signature of Mother date

**Denial of Paternity** (only required if "mother was married to someone other than the biological father or if, during the child's first two years of life, a man continuously lived with the child and represented the child as his own" is checked.)

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

WARNING: This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document.

Texas Department of State Health Services  
 Vital Statistics Unit  
 VS 1009.1101 Revised 9/2011





**PARENT SURVEY ON THE ACKNOWLEDGEMENT OF PATERNITY (AOP)**  
Mandated By Law

*This Survey should be completed after the AOP has been signed or a person has declined to sign the AOP.*

Hospital/Entity Name & Location: Somewhere General Hospital  
 Child's Name: Betty Rizzo Zuko

Entity Code: 3333  
 Date of Birth: 11/01/2020

**Please read and INITIAL the following:**

STATEMENTS	MOTHER	FATHER
1. I was given the opportunity to sign an Acknowledgment of Paternity.	<u>SO</u>	<u>DRZ</u>
2. I choose <b>NOT</b> to complete an Acknowledgment of Paternity	_____	_____

*If you initial #2, please skip questions 3 through 8.*

3. I was made aware that I could have a DNA test done before I signed the AOP.	<u>SO</u>	<u>DRZ</u>
4. I was given written and oral information regarding the benefits, rights and responsibilities of an AOP, an explanation of those rights and responsibilities, and information about child support.	<u>SO</u>	<u>DRZ</u>
5. The biological father who signed this AOP will have all legal rights and duties of a parent. This may include the legal responsibility for financial and medical support of the child named in this AOP.	<u>SO</u>	<u>DRZ</u>
6. If I change my mind, a Rescission of Acknowledgment of Paternity (VS-158) must be filed within the earlier of 60 days of signing the Acknowledgment of Paternity or the date a proceeding involving the child is initiated before a court.	<u>SO</u>	<u>DRZ</u>
7. After 60 days, I may challenge the AOP in court and must prove fraud, duress, or material mistake of fact.	<u>SO</u>	<u>DRZ</u>
8. I was given a completed copy of the AOP with the benefits, rights, and responsibilities on the back.	<u>SO</u>	<u>DRZ</u>

Mother's Printed Name: Sandy Olsen

ID Type: High School ID

Mother's Signature: Sandy Olsen

Phone Number: (512) 555-1234

Father's Printed Name: Danny Zuko

ID Type: Report Card

Father's Signature: Danny Zuko

Phone Number: (512) 555-1234

Certified Staff Signature: Jennifer Lopez Ortiz

Date: 11/03/2020

**Presumed Father:** (After you read the Denial of Paternity and Change of Mind sections of the rights and responsibilities, please read the statement below and initial.)

After I have signed the Denial of Paternity and it has been filed with the Vital Statistics Unit, my legal rights and responsibilities to this child will be terminated. If I change my mind, a Rescission of Acknowledgment of Paternity (VS-158) can be filed within the earlier of 60 days of signing the Acknowledgment of Paternity or the date a proceeding involving the child is initiated before a court. After 60 days, I may challenge the AOP in court and must prove fraud, duress, or material mistake of fact.

*Initial Here:* \_\_\_\_\_

Presumed Father's Printed Name: \_\_\_\_\_

ID Type: \_\_\_\_\_

Presumed Father's Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Certified Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## ENCUESTA SOBRE EL RECONOCIMIENTO DE PATERNIDAD(AOP)

*Ordenada en Conformidad con la Ley*

*Esta encuesta debe ser llenada después de que el Reconocimiento de Paternidad (AOP) ha sido firmado o después de que una persona se ha negado a firmarlo.*

Hospital/Entidad Nombre y Ubicación: \_\_\_\_\_ Código de la Entidad \_\_\_\_\_

Nombre del Niño(a): \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_

**Favor de leer y poner sus INICIALES en las siguientes declaraciones:**

DECLARACIONES	MAMÁ	PAPÁ
1. Me dieron la oportunidad de firmar un formulario de Reconocimiento de Paternidad (Acknowledgment of Paternity, AOP, en inglés)..	_____	_____
2. Tomo la opción de <b>NO</b> llenar un Reconocimiento de Paternidad (AOP).	_____	_____

**Si Pone sus iniciales en #2, por favor ignore las preguntas 3 a 8..**

3. Me han informado que me puedo someter a una prueba genética de ADN (DNA) antes de firmar el Reconocimiento de Paternidad (AOP)	_____	_____
4. Me dieron información por escrito y oralmente con respecto a los beneficios, derechos y responsabilidades de un AOP, una explicación de tales derechos y responsabilidades e información sobre la manutención de niños.	_____	_____
5. El padre biológico que firmó este AOP tendrá todos los derechos y deberes legales de un padre. Esto puede incluir la responsabilidad legal de manutención económica y manutención médica del niño nombrado en este AOP..	_____	_____
6. Si cambio de opinión, una Anulación de Reconocimiento (VS-158) debe ser presentada ya sea dentro de 60 días de haber firmado el AOP o antes de la fecha en que inicie un procedimiento relacionado con el niño ante la corte, lo que ocurra primero.	_____	_____
7. Después de 60 días, puedo desafiar el AOP ante la corte y debo comprobar fraude, coacción, o error material de un hecho.	_____	_____
8. Me dieron una copia del AOP llenado, con los beneficios, derechos, y responsabilidades en la parte posterior..	_____	_____

Nombre de la Mamá en letra de molde: \_\_\_\_\_ Identificación: \_\_\_\_\_

Firma de la Mamá: \_\_\_\_\_ Número de teléfono: \_\_\_\_\_

Nombre del Papá en letra de molde \_\_\_\_\_ Identificación: \_\_\_\_\_

Firma del Papá \_\_\_\_\_ Número de teléfono: \_\_\_\_\_

Firma del Personal Certificado: \_\_\_\_\_ Fecha: \_\_\_\_\_

**El Presunto Papá:** (Después de leer las secciones: Negación de Paternidad (Denial of Paternity) y Cambio de Opinión (Change of Mind), en los Derechos y Responsabilidades, por favor lea la siguiente declaración y ponga sus iniciales.)

Después de que yo haya firmado la **Negación de Paternidad** y sea presentada ante la Unidad de Estadísticas Vitales (Vital Statistics Unit), mis derechos y responsabilidades legales hacia este niño serán terminados. Si cambio de opinión, se puede presentar una **Anulación del Reconocimiento de Paternidad (VS-158)** ya sea dentro de 60 días de haber firmado el AOP o antes de la fecha en que inicie un procedimiento relacionado con el niño ante la corte, lo que ocurra primero. Después de 60 días, puedo desafiar el AOP ante la corte y debo comprobar fraude, coacción, o error material de un hecho.

**Iniciales aquí:** \_\_\_\_\_

Nombre del Presunto Papá en letra de molde: \_\_\_\_\_ Identificación \_\_\_\_\_

Firma del Presunto Papá: \_\_\_\_\_ Número de teléfono: \_\_\_\_\_

Firma del Personal Certificado: \_\_\_\_\_ Fecha: \_\_\_\_\_

# ACCEPTABLE IDENTIFICATION





# ACCEPTABLE IDENTIFICATION

## **Texas Administrative Code, Chapter 55, Subchapter J, Rules 55.404 and 55.408**

All parties must show identification that includes first and last name before signing the AOP. Note on the Parent Survey what type of identification was provided. Make a copy of the identification and attach the copy to the Parent Survey.

Examples of Acceptable ID:

- Picture ID (preferred – not required)
- Valid or Expired Driver's License
- Passport
- Work ID
- Credit Card/Debit Card
- Current Utility or Cell Phone Bill
- Student ID
- Birth Certificate or other Legal Document (including foreign)
- Social Security Card
- Mother's Medical Record (only in hospital)
- Mother's Hospital Bracelet (only in hospital)
- Current Report Card
- Military ID
- Offender ID
- Firearms License
- Voter Registration Card
- Any State Issued or Foreign ID

If you are in doubt about an ID, please contact your Paternity Outreach Coordinator.

## Notes

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DNA TEST REQUESTED



# DNA TEST REQUESTED

If either party indicates a desire for DNA testing:

- Encourage the parties to delay signing the AOP. Tell the parties they can sign an AOP later, after DNA test results are obtained.
- Inform parties that the OAG may provide DNA testing when paternity has not been established. If any party opens a child support case with the Office of the Attorney General (OAG), and the OAG determines that a DNA test is necessary, one may be provided with no upfront cost.
- Provide parties information on availability of child support services.
- Parties can also choose any local lab to obtain DNA testing. If parties do not plan to submit the DNA test results as part of a Texas court process, they can use over-the-counter DNA test kits available from many pharmacies.
- Only DNA tests conducted through a lab accredited by the American Association of Blood Banks (AABB) will be considered in Texas court.



**If parties complete an AOP after getting DNA testing, remind them to complete the Correcting a Birth Certificate (VS-170) form so the father's name can be added to the child's birth certificate.**

**Notes**

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# PRESUMED FATHER





# PRESUMED FATHER



**An AOP can be used if the presumed father is not the biological father AND the two biological parents want to establish paternity for the child. Presumed father must be willing to complete denial regardless if a DNA test was completed.**

Refer to the questions under Step 1 in the Step-by-Step Process for Completing the Basic AOP.

## WHO IS A PRESUMED FATHER?

- The man married to the biological mother at the time of the child's birth.
- The ex-husband if the child was born within 300 days of the divorce unless the divorce decree specifically excludes the ex-husband as the father (see note below).
- The man who lived with the child continuously during the first two years of the child's life and represented the child as his own.

If there is a presumed father who is willing to deny paternity, follow the steps below:

- Complete the AOP much like a basic AOP with some additional requirements:
  - Both mother and biological father will complete and sign the Establishment section.
  - The mother and presumed father will each sign the Denial section.
  - The AOP will have electronic signatures from the mother, presumed father and biological father.
- The biological father cannot become the legal father unless the presumed father signs the Denial of Paternity.
- If any one of the parties is not available to complete the denial at the same time or location, see the "Partial" section of this manual.

If there is a presumed father who is not willing to deny paternity, refer the biological parents to a child support office or a private attorney.

**Note:** When a Texas court order has excluded the presumed father as the child's father, fill in the left circle of the second statement box on the AOP. If the child has a presumed father who is not willing to deny paternity, an AOP is not appropriate. For guidance on capturing the presumed father's information and signature, please refer to the TxEVER AOP Registration Guide.

Example of TxEVER 3 Party AOP with Electronic Signatures



STATE OF TEXAS  
ACKNOWLEDGMENT OF PATERNITY

WARNING: This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document.

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

We declare under penalty of perjury that WES HIGHTOWER  
 Biological Father's first middle last name

is the biological father of MAC HIGHTOWER  
 Child's first middle last name

born on 03 20 2020 III BULL GILLEY TEXAS  
 m m d d y y y y city county state

to SISSY DAVIS GLEN  
 Mother's first middle last name maiden name if different

12 06 1981 WITHHELD BY REQUEST WITHHELD BY REQUEST  
 Father's date of birth social security number address city state zip code

05 11 1982 WITHHELD BY REQUEST WITHHELD BY REQUEST  
 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 alternative to signing this Acknowledgment.
- No other Acknowledgment of Paternity form naming another man as the biological father of this child has been filed.
- 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.

Fill one circle by the correct statement from EACH of the following:

<input checked="" type="radio"/> There <u>has not</u> been genetic testing of the man listed above to determine if he is the biological father of this child.	or	<input type="radio"/> Genetic testing <u>has</u> determined that the man listed above is the biological father of this child.
<input type="radio"/> The mother <u>was not</u> 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 there is a court order that states that the man the mother was married to is not the father of the child, and during the first two years of the child's life, no man continuously lived with the child and represented the child as his own.	or	<input checked="" type="radio"/> The mother <u>was</u> married to someone other than the biological father at the time of the child's birth or during the 300 days before the child's birth or during the first two years of the child's life, a man continuously lived with the child and represented the child as his own; and that man has completed the Denial of Paternity below or has a Denial of Paternity filed with the Vital Statistics Unit.

<u>Wes Hightower</u>	<u>03/22/2020</u>	<u>Sissy Davis</u>	<u>03/22/2020</u>
Full Signature of Biological Father	date	Full Signature of Mother	date

**Denial of Paternity** (only required if "mother was married to someone other than the biological father or if, during the child's first two years of life, a man continuously lived with the child and represented the child as his own" is checked.)

We declare under penalty of perjury that BUD DAVIS  
 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.

<u>Bud Davis</u>	<u>03/22/2020</u>	<u>Sissy Davis</u>	<u>03/22/2020</u>
Full Signature of Presumed Father	date	Full Signature of Mother	date

<u>05 11 1982</u> <u>WITHHELD BY REQUEST</u>	<u>WITHHELD BY REQUEST</u>
Presumed Father's date of birth social security number	Presumed Father's address city state zip code

Texas Department of State Health Services Vital Statistics VS-159.11 Revised 09/2011	<b>AOP Number</b> <u>1111111</u>	<b>Entity Code</b> <u>3333</u>	<b>State File Number</b> <u>          </u>
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COPY

**IMPORTANT! Please remember to include the Benefits, Rights and Responsibilities back page found on the AOP form for customers.**

# COMMON LAW MARRIAGE



# COMMON LAW MARRIAGE

Under Texas law, if a couple is married without formality, also known as common law marriage, the husband is considered the presumed father, and his name can go on the birth certificate as the legal father.

However, some states and branches of the armed services do not recognize common law marriage; therefore, couples claiming a common law marriage should be encouraged to sign an AOP to ensure the establishment of paternity.

## IF PARTIES CLAIM COMMON LAW MARRIAGE:

- Encourage the couple to complete an AOP to ensure the establishment of paternity.



**Parties must be at least 18 years old to claim common law marriage.**

Example of TxEVER Common Law AOP with Electronic Signatures



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 this completed document.

We declare under penalty of perjury that VINCENT BARBARINO  
 Biological Father's first middle last name

is the biological father of ARNOLD VINNIE BARBARINO  
 Child's first middle last name

born on 06 25 2020, in HORSHACK PERCY TEXAS  
 m m d d y y y y city county state

to JULIE GABE EPSTEIN EPSTEIN  
 Mother's first middle last name maiden name if different

12 06 1981 123-23-1234 32 RUBBER HOSE KOTTER TEXAS 76904  
 Father's date of birth social security number address city state zip code

05 11 1982 32 RUBBER HOSE KOTTER TEXAS 76904  
 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 alternative to signing this Acknowledgment.
- No other Acknowledgment of Paternity form naming another man as the biological father of this child has been filed.
- 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.

Fill one circle by the correct statement from EACH of the following:

<input checked="" type="radio"/> There <u>has not</u> been genetic testing of the man listed above to determine if he is the biological father of this child.	OR	<input type="radio"/> Genetic testing <u>has</u> determined that the man listed above is the biological father of this child.
<input checked="" type="radio"/> The mother <u>was not</u> 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 there is a court order that states that the man the mother was married to is not the father of the child, and during the first two years of the child's life, no man continuously lived with the child and represented the child as his own.	OR	<input type="radio"/> The mother <u>was</u> married to someone other than the biological father at the time of the child's birth or during the 300 days before the child's birth or during the first two years of the child's life, a man continuously lived with the child and represented the child as his own; and that man has completed the Denial of Paternity below or has a Denial of Paternity filed with the Vital Statistics Unit.

<u>Vinnie Barbarino</u>	<u>6/26/2020</u>	<u>Julie G Epstein</u>	<u>6/26/2020</u>
Full Signature of Biological Father	date	Full Signature of Mother	date

**Denial of Paternity** (only required if "mother was married to someone other than the biological father or if, during the child's first two years of life, a man continuously lived with the child and represented the child as his own" is checked.)

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

Texas Department of Health Services  
 Vital Statistics  
 VS-139, IF Revised 09/2011

**COPY**

AOP Number	Entity Code	State File Number
<u>111111</u>	<u>3333</u>	_____

WARNING: This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document.

IMPORTANT! Please remember to include the Benefits, Rights and Responsibilities back page found on the AOP form for customers.

# PARTIAL AOP - ABSENT PARTY





# PARTIAL AOP – ABSENT PARTY

A partial AOP is when parties complete their portion of an AOP at different times (possibly even at different locations). You should complete a partial AOP when one party is with you, but the other party is:

- In the military
- At another location in Texas
- Living in another state or country
- Incarcerated

Follow the partial AOP instructions located within this section:

- If the absent party is located in Texas, he or she may contact one of the following to obtain an AOP:
  - The Office of the Attorney General – Child Support Division  
<https://csapps.oag.texas.gov/find-AOP-certified-entity>
  - Local Registrar (County Clerk's Office) – Contact your local Paternity Outreach Coordinator (POP) for selected sites
  - Local City Vital Statistics Office
- If the absent party is in another state or country, give him or her the Absent Parent form. Have the party complete the form and email or mail it to the address listed on the form. This form is also available online under AOP for Certified Entities, Special Circumstances at <https://www.texasattorneygeneral.gov/child-support>.

**Note:** Parties to an AOP can go separately to the above locations. The AOP does not become a legal document until all parties involved have completed their portions and all portions of the AOP are submitted to VSS via TxEVER.



## **PARTIAL AOP INSTRUCTIONS**

### **For Certified Entity Use Only:**

Partial AOPs are completed at separate times or locations.

All parties must be willing to complete the AOP.

OAG - Paternity Outreach Coordinators are available to assist you in finding a certified entity for the other party in Texas.

Each Partial AOP must include:

- All personal information of the parent you are assisting
- Child's name **as it appears on the birth certificate**
- Child's date of birth
- City, county and state of child's birth
- Mother's name
- Required signatures and date
- Signatures in the Denial section, if applicable
- Presumed father's name, if applicable
- Your entity code

Complete, save and submit the AOP to the Vital Statistics Section (VSS) using TxEVER. Do not link a partial AOP to a birth record.

Write or stamp "COPY" on the bottom left-hand corner and on the signature line of the party who is not present.

**NEVER** write or stamp "COPY" on an original AOP.

**Note:** An AOP does not become a legal finding until all parties involved have completed their portions and all portions have been submitted to VSS via TxEVER. Partial AOPs saved in TxEVER will expire and will be purged (deleted) from TxEVER if not completed within 2 years.



# Absent Party AOP Instructions

Establish paternity when parties live in different locations.

Carefully read the instructions below to establish paternity through the Acknowledgment of Paternity (AOP) voluntary process if you and the other parent/party live in different locations. You and the other parent must each work with a certified entity to separately complete the AOP process.

You must have the other parent's/party's **current contact information**.  
Each party must present **acceptable photo identification** to the certified entity.

## OTHER PARTY LIVES IN TEXAS

After completing your portion of the AOP, you or the other party can call the OAG's Paternity Opportunity Program at **866-255-2006** to find a certified entity near the other party's location.

It is up to the other parent to visit their nearest certified entity and complete their portion of the AOP.

Certified entity locations include:

- Attorney General Child Support Offices
- Some local registrar (County Clerk's Offices)
- Some local city vital statistics offices

## OTHER PARTY LIVES OUTSIDE OF TEXAS

After completing your portion of the AOP, please complete the *Request for Acknowledgment of Paternity – Absent Party Form* and submit the form to the Office of the Attorney General's (OAG) Paternity Opportunity Program.

The OAG's AOP Specialist will contact the other party and may contact you to gather or confirm information. The AOP Specialist will assist the other party in completing their portion of the AOP.

**The AOP becomes legally binding once** each party completes their portion of the AOP and **each portion of the AOP is filed with** the Department of State Health Services (DSHS) **Vital Statistic Section (VSS)**.

## UPDATING THE CHILD'S BIRTH CERTIFICATE

After the AOP is filed with VSS and if you want to add the father's name to the birth certificate and/or change the child's last name, please contact DSHS' VSS to apply for a new birth certificate.

Visit the VSS website - <http://www.dshs.texas.gov/vs/regproc/amendparentage.shtm> to obtain an **Correcting a Birth Certificate (VS-170)** from that agency. Follow the instructions on the application and submit the document and required fee to DSHS Vital Statistic Section.



## Reconocimiento de Paternidad Instrucciones en Caso de Persona Ausente

Establecimiento de paternidad cuando las personas viven en diferentes lugares.

Lea cuidadosamente las siguientes instrucciones para establecer la paternidad a través del Reconocimiento de Paternidad voluntario. Estas instrucciones solo aplican si usted y la otra persona están viviendo en diferentes lugares. Usted y la otra persona tienen que colaborar con una entidad certificada para completar por separado el proceso de Reconocimiento de Paternidad.

Usted necesita tener la **información de contacto actual** de la otra persona.

Cada persona tiene que presentar una **identificación válida** a la entidad certificada.

### SI LA OTRA PERSONA VIVE EN TEXAS

Después de que usted complete la parte del Reconocimiento de Paternidad que le corresponde, usted o la otra persona puede llamar al Programa de Oportunidad de Paternidad de la Procuraduría General al **866-255-2006** para localizar una entidad certificada cerca de la otra persona.

La otra persona es responsable de ir a la entidad certificada más cercana y completar la parte del Reconocimiento de Paternidad que le corresponde.

Las ubicaciones de entidades certificadas incluyen:

- La Procuraduría General – División de Manutención de Niños
- Algunos Registros Locales (Oficina de la Secretaría del Condado)
- Algunas oficinas locales de Estadísticas Vitales en Texas

### SI LA OTRA PERSONA NO VIVE EN TEXAS

Después de completar la parte del Reconocimiento de Paternidad que le corresponde, por favor complete una *Solicitud para Reconocimiento de Paternidad – Formulario de Persona Ausente* y entregue el formulario al Programa de Oportunidad de Paternidad de la Procuraduría General usando la dirección indicada en el formulario.

Cuando recibamos el formulario, un especialista de Reconocimiento de Paternidad se comunicará con la otra persona, y quizás se comunique con usted para reunir o confirmar información. El especialista de Reconocimiento de Paternidad le ayudará a la otra persona para completar la parte del Reconocimiento de Paternidad que le corresponde.

**El Reconocimiento de Paternidad establece vínculo legal una vez que cada persona completa su parte correspondiente del formulario y cada parte del Reconocimiento de Paternidad es registrada con la Sección de Estadísticas Vitales (VSS) del Departamento de Servicios de Salud del Estado (DSHS),**

### ACTUALIZANDO EL ACTA DE NACIMIENTO DEL NIÑO

Una vez que el Reconocimiento de Paternidad haya sido registrado con la Sección de Estadísticas Vitales (VSS) y si usted desea añadir el nombre del papá al acta de nacimiento o cambiar el apellido del niño, por favor comuníquese con la Sección de Estadísticas Vitales de DSHS para solicitar una nueva acta de nacimiento.

Visite la página de la Sección de Estadísticas Vitales en -

<http://www.dshs.texas.gov/vs/reqproc/amendparentage.shtm> para obtener una solicitud para obtener una nueva **Acta de Nacimiento Basado en Parentesco (VS-166)**. Siga las instrucciones del formulario y entregue el documento y cuotas requeridas a la Sección de Estadísticas Vitales de DSHS.



# ACKNOWLEDGMENT OF PATERNITY Absent Party Form

CLEAR

Please complete this form and email or mail to: [CSD-AOP@OAG.TEXAS.GOV](mailto:CSD-AOP@OAG.TEXAS.GOV)

OFFICE OF THE ATTORNEY GENERAL  
ACKNOWLEDGMENT OF PATERNITY PO  
BOX 12017 – MC 038  
AUSTIN, TX 78711-2017

Who is the Requesting Party?  Biological Mother  Biological Father  Presumed Father

Child's Name: (as shown on the birth certificate)

Child's Date of Birth:

City, County, State of Child's Birth:

Does a court order exist for this child?

Yes  No

Mother's Full Legal Name:

Maiden Name: (if different)

Date of Birth:

Mailing Address, City, State, Zip Code:

Phone Number (with area code):

Email Address:

Has she completed her portion of the AOP?

Yes  No

Language Preference:

English  Spanish

Biological Father's Full Legal Name:

Date of Birth:

Mailing Address, City, State, Zip Code:

Phone Number (with area code):

Email Address:

Has he completed his portion of the AOP?

Yes  No

Language Preference:

English  Spanish

Has a DNA test been conducted between the biological father and the child?  Yes  No

Presumed Father's Full Legal Name:

Date of Birth:

Mailing Address, City, State, Zip Code:

Phone Number (with area code):

Email Address:

Has he completed his Denial portion of the AOP?

Yes  No

Language Preference:

English  Spanish



# RECONOCIMIENTO DE PATERNIDAD

## Formulario para la Parte Ausente

Por favor llene este formulario y envíelo a:

[CSD-AOP@OAG.TEXAS.GOV](mailto:CSD-AOP@OAG.TEXAS.GOV)

OFFICE OF THE ATTORNEY GENERAL  
ACKNOWLEDGMENT OF PATERNITY  
PO BOX 12017 – MC 038  
AUSTIN, TX 78711-2017

### ¿Quién presenta la solicitud?

Mamá Biológica    Papá Biológico    Presunto Papá

**Nombre del Niño:** *(Igual como está escrito en el certificado de nacimiento)*

Fecha de Nacimiento del Niño:

Ciudad, Condado, Estado donde **Nació el Niño:**

¿Hay una orden de la corte para este niño?

Sí                       No

### Nombre Legal Completo de la Mamá:

Nombre de Soltera: *(si es diferente)*

Fecha de Nacimiento:

Dirección Postal, Ciudad, Estado, Código Postal:

Número de Teléfono (con código de área):

Dirección de correo electrónico:

¿Ha completado ella su porción del Reconocimiento de Paternidad (AOP)?

Sí                       No

Idioma Preferido:

Inglés                       Español

### Nombre Legal Completo del Papá Biológico:

Fecha de Nacimiento:

Dirección Postal, Ciudad, Estado, Código Postal:

Número de Teléfono (con código de área):

Dirección de correo electrónico:

¿Ha completado él su porción del Reconocimiento de Paternidad (AOP)?

Sí                       No

Idioma Preferido:

Inglés                       Español

¿Se ha hecho una prueba de ADN entre el papá biológico y el niño?

Sí                       No

### Nombre Legal Completo del Presunto Papá:

Fecha de Nacimiento:

Dirección Postal, Ciudad, Estado, Código Postal:

Número de Teléfono (con código de área):

Dirección de correo electrónico:

¿Ha completado él su porción del Reconocimiento de Paternidad (AOP)?

Sí                       No

Idioma Preferido:

Inglés                       Español



## STATE OF TEXAS ACKNOWLEDGMENT OF PATERNITY

**WARNING:** This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document.

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

We declare under penalty of perjury that ADAM CHANDLER  
 Biological Father's first middle last name  
 is the biological father ADAM CHANDLER JR  
 Child's first middle last name  
 of born on 05 31 2020, in PINE VALLEY NIXON TEXAS  
 m m d d y y y y city county state  
 to DIXIE MARIA MARTIN COONEY  
 Mother's first middle last name maiden name if different  
04 06 1965 WITHHELD BY REQUEST WITHHELD BY REQUEST  
 Father's date of birth social security number address city state zip code  
02 20 1986 WITHHELD BY REQUEST WITHHELD BY REQUEST  
 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 alternative to signing this Acknowledgment.
- No other Acknowledgment of Paternity form naming another man as the biological father of this child has been filed.
- 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.

Fill one circle by the correct statement from EACH of the following:

<input checked="" type="radio"/> There <u>has not</u> been genetic testing of the man listed above to determine if he is the biological father of this child.	or <input type="radio"/> Genetic testing <u>has</u> determined that the man listed above is the biological father of this child.		
<input type="radio"/> The mother <u>was not</u> 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 there is a court order that states that the man the mother was married to is not the father of the child, and during the first two years of the child's life, no man continuously lived with the child and represented the child as his own.	<input checked="" type="radio"/> The mother <u>was</u> married to someone other than the biological father at the time of the child's birth or during the 300 days before the child's birth or during the first two years of the child's life, a man continuously lived with the child and represented the child as his own; and that man has completed the Denial of Paternity below or has a Denial of Paternity filed with the Vital Statistics Unit.		
<u>Adam Chandler</u> Full Signature of Biological Father	<u>06/02/2020</u> date	<u>Dixie Martin</u> Full Signature of Mother	<u>06/02/2020</u> date

**Denial of Paternity** (only required if "mother was married to someone other than the biological father or if, during the child's first two years of life, a man continuously lived with the child and represented the child as his own" is checked.)

We declare under penalty of perjury that THADIUS JAMES MARTIN  
 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.

<u>Signature Document on file</u> Full Signature of Presumed Father	<u>06/02/2020</u> date	<u>Dixie Martin</u> Full Signature of Mother	<u>06/02/2020</u> date
<u>09</u> <u>02</u> <u>1970</u> <u>WITHHELD BY REQUEST</u> Presumed Father's date of birth social security number	<u>WITHHELD BY REQUEST</u> Presumed Father's address city state zip code		
Texas Department of State Health Services Vital Statistics VS-159.1F Revised 09/2011		<u>AOP Number</u> <u>111111</u>	<u>Entity Code</u> <u>3333 , 4444</u>
		<u>State File Number</u>	



## 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 this completed document.

We declare under penalty of perjury that ADAM CHANDLER  
Biological Father's first middle last name

is the biological father of ADAM CHANDLER JR  
Child's first middle last name

born on 05/31/2020, in PINE VALLEY NIXON TEXAS  
m m d d y y y y city county state

to DIXIE MARIA MARTIN COONEY  
Mother's first middle last name maiden name if different

04/06/1965  
Father's date of birth social security number address city state zip code

02/20/1986  
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 alternative to signing this Acknowledgment.
- No other Acknowledgment of Paternity form naming another man as the biological father of this child has been filed.
- 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.

Fill one circle by the correct statement from EACH of the following:

<input checked="" type="radio"/> There <b>has not</b> been genetic testing of the man listed above to determine if he is the biological father of this child. <b>OR</b>	<input type="radio"/> Genetic testing <b>has</b> determined that the man listed above is the biological father of this child.
<input type="radio"/> The mother <b>was not</b> 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 there is a court order that states that the man the mother was married to is not the father of the child, and during the first two years of the child's life, no man continuously lived with the child and represented the child as his own. <b>OR</b>	<input checked="" type="radio"/> The mother <b>was</b> married to someone other than the biological father at the time of the child's birth or during the 300 days before the child's birth or during the first two years of the child's life, a man continuously lived with the child and represented the child as his own; and that man has completed the Denial of Paternity below or has a Denial of Paternity filed with the Vital Statistics Unit.

COPY

COPY

Full Signature of Biological Father \_\_\_\_\_ date \_\_\_\_\_ Full Signature of Mother \_\_\_\_\_ date \_\_\_\_\_

**Denial of Paternity** (only required if "mother **was** married to someone other than the biological father or if, during the child's first two years of life, a man continuously lived with the child and represented the child as his own" is checked.)

We declare under penalty of perjury that THADIUS JAMES MARTIN  
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.

Thad Martin 06/02/2020  
Full Signature of Presumed Father date

COPY

Full Signature of Presumed Father \_\_\_\_\_ date \_\_\_\_\_ Full Signature of Mother \_\_\_\_\_ date \_\_\_\_\_

09/02/1970 WITHHELD BY REQUEST WITHHELD BY REQUEST  
Presumed Father's date of birth social security number Presumed Father's address city state zip code

Texas Department of Health Services  
 Vital Statistics  
 VS-139.1M Revised 9/2011

COPY

Entity Code  
4444

8311  
ET

WARNING: This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document.



## PARTIAL AOP - INCARCERATED PARTY



# PARTIAL AOP – INCARCERATED PARTY

If a party is incarcerated, follow the partial AOP instructions located within this section and:

1. Complete a partial AOP with the present party.
2. Give the present party the OAG Incarcerated Parent form. Have the party complete the form and mail it to the address listed on the form or email the form to [CSD-AOP@oag.texas.gov](mailto:CSD-AOP@oag.texas.gov)



# ACKNOWLEDGMENT OF PATERNITY INCARCERATED PARENT PROGRAM

CLEAR

Please complete this form and email or mail to:

[CSD-AOP@OAG.TEXAS.GOV](mailto:CSD-AOP@OAG.TEXAS.GOV)

OFFICE OF THE ATTORNEY GENERAL  
ACKNOWLEDGMENT OF PATERNITY  
P.O. BOX 12017 – MC 038  
AUSTIN, TX 78711-2017

## Child's Information (as it appears on the Birth Certificate)

Full Name:      
*Last First Middle Suffix*

Date of Birth:  Birth Hospital:

Place of Birth:   
*City County State*

Does a court order exist for this child?  YES  NO DNA Testing Completed?  YES  NO

## Mother's Information

Full Name:     
*Last First Middle*

Date of Birth:  Phone Number:

**If incarcerated:**    
*Inmate # Name of Facility*

Current Mailing Address:   
*Street Address City State ZIP Code*

Email Address:

## Biological Father's Information

Full Name:      
*Last First Middle Suffix*

Date of Birth:  Phone Number:

**If incarcerated:**    
*Inmate # Name of Facility*

Current Mailing Address:   
*Street Address City State ZIP Code*

Email Address:

## Presumed Father's Information

If the mother was married to a man other than the biological father of the child when the child was born or within 300 days of the child's birth, that man is the presumed father. If a presumed father exists, you **must** complete the following:

Full Name:      
*Last First Middle Suffix*

Date of Birth:  Phone Number:

**If incarcerated:**    
*Inmate # Name of Facility*

Current Mailing Address:   
*Street Address City State ZIP Code*

Email Address:



## RECONOCIMIENTO DE PATERNIDAD PROGRAMA PARA PADRES ENCARCELADOS

**Por favor llene este formulario y envíelo a:** [CSD-AOP@OAG.TEXAS.GOV](mailto:CSD-AOP@OAG.TEXAS.GOV)

**OFFICE OF THE ATTORNEY GENERAL  
ACKNOWLEDGMENT OF PATERNITY  
P.O. BOX 12017 – MC 038  
AUSTIN, TX 78711-2017**

### Información del niño: (como aparece en el Acta de Nacimiento)

Nombre Completo:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Apellido</i>	<i>Primer nombre</i>	<i>Nombre intermedio</i>
Fecha de Nacimiento:	<input type="text"/>	Hospital de Nacimiento:	<input type="text"/>
Lugar de Nacimiento:	<input type="text"/>		
	<i>Ciudad</i>	<i>País</i>	<i>Estado</i>
¿Existe una orden de corte para su hijo?	<input type="checkbox"/> SÍ	<input type="checkbox"/> NO	¿Se ha realizado la prueba de ADN con el padre biológico and el niño?
			<input type="checkbox"/> SÍ <input type="checkbox"/> NO

### Información de la Mamá

Nombre Completo:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Apellido</i>	<i>Primer Nombre</i>	<i>Nombre Intermedio</i>
Fecha de Nacimiento:	<input type="text"/>	Número de Teléfono:	<input type="text"/>
<b>Si está Encarcelada:</b>	<input type="text"/>		
	<b>Número de Recluso:</b>	<b>Nombre del Reclusorio</b>	
Dirección Postal:	<input type="text"/>		
	<i>Nombre de la Calle</i>	<i>Ciudad</i>	<i>Estado</i>
Dirección de correo electrónico:	<input type="text"/>		
	<i>Código Postal</i>		

### Información del Papá Biológico

Nombre Completo:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Apellido</i>	<i>Primer nombre</i>	<i>Nombre intermedio</i>
Fecha de Nacimiento:	<input type="text"/>	Número de Teléfono:	<input type="text"/>
<b>Si está Encarcelado:</b>	<input type="text"/>		
	<b>Número de Recluso:</b>	<b>Nombre del Reclusorio</b>	
Dirección Postal:	<input type="text"/>		
	<i>Nombre de la Calle</i>	<i>Ciudad</i>	<i>Estado</i>
Dirección de correo electrónico:	<input type="text"/>		
	<i>Código Postal</i>		

### Información del Presunto Papá

Si la mamá estaba casada con un hombre que no es el papá biológico del niño cuando nació el niño o dentro de 300 días de que nació el niño, el hombre con quien estaba casada es el presunto papá. Si hay un presunto papá, usted **debe** completar lo siguiente:

Nombre Completo:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Apellido</i>	<i>Primer Nombre</i>	<i>Sufijo</i>
Fecha de Nacimiento:	<input type="text"/>	Teléfono:	<input type="text"/>
<b>Si está Encarcelado:</b>	<input type="text"/>		
	<b>Número de Recluso:</b>	<b>Nombre de Reclusorio:</b>	
Dirección Postal:	<input type="text"/>		
	<i>Nombre de Calle</i>	<i>Ciudad</i>	<i>Estado</i>
Dirección de correo electrónico:	<input type="text"/>		
	<i>Código Postal</i>		

Example of TxEVER 2 Party Incarcerated Partial with Electronic Signature



STATE OF TEXAS  
ACKNOWLEDGMENT OF PATERNITY

WARNING: This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document.

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

We declare under penalty of perjury that VINCENT VEGA  
 Biological Father's first middle last name

is the biological father of LUCI JO VEGA  
 Child's first middle last name

born on 10 10 2020, in QUENTIN JULES TEXAS  
 m m d d y y y y city county state

to MIA MARIA WALLACE WALLACE  
 Mother's first middle last name maiden name if different

07 06 1990  
 Father's date of birth social security number address city state zip code

02 20 1985 123-23-1234 14 COOLIDGE QUENTIN TEXAS 74096  
 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 alternative to signing this Acknowledgment.
  - No other Acknowledgment of Paternity form naming another man as the biological father of this child has been filed.
  - 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.

Fill one circle by the correct statement from EACH of the following:

<input checked="" type="radio"/> There <u>has not</u> been genetic testing of the man listed above to determine if he is the biological father of this child.	OR	<input type="radio"/> Genetic testing <u>has</u> determined that the man listed above is the biological father of this child.
<input checked="" type="radio"/> The mother <u>was not</u> 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 there is a court order that states that the man the mother was married to is not the father of the child, and during the first two years of the child's life, no man continuously lived with the child and represented the child as his own.	OR	<input type="radio"/> The mother <u>was</u> married to someone other than the biological father at the time of the child's birth or during the 300 days before the child's birth or during the first two years of the child's life, a man continuously lived with the child and represented the child as his own; and that man has completed the Denial of Paternity below or has a Denial of Paternity filed with the Vital Statistics Unit.

<b>COPY</b>		<i>Mia W Wallace</i>	10/11/2020
Full Signature of Biological Father	date	Full Signature of Mother	date

**Denial of Paternity** (only required if "mother was married to someone other than the biological father or if, during the child's first two years of life, a man continuously lived with the child and represented the child as his own" is checked.)

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
Texas Department of State Health Services Vital Statistics		AOP Number	Entity Code	State File Number	
VS-159-11 Revised 6/2011		1111111	3333		

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IMPORTANT! Please remember to include the Benefits, Rights and Responsibilities back page found on the AOP form for customers.

# BEFORE THE BIRTH







## BEFORE THE BIRTH AOP INSTRUCTIONS

### **For Certified Entity Use Only:**

If the parents have not selected a name for the child, check the box "Is Child Unnamed?"

In the case of multiple births, the names will be listed as:

- Infant A and last name chosen by parent
- Infant B and last name chosen by parent

In the data field for the Date of Birth (DOB), enter the child's expected due date. Then include birthplace information for the expected birth. For example – Galveston (city), Galveston (county), Texas (state).

The remaining parts of the AOP should be completed as any other AOP in TxEVER.

Instruct the mother to bring her printed copy of the AOP to the hospital when she delivers her baby.

Example of TxEVER Before Birth AOP with Uploaded Signatures – Part 1 of 2



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 this completed document.

We declare under penalty of perjury that \_\_\_\_\_ JACK \_\_\_\_\_ SPARROW \_\_\_\_\_  
 Biological Father's first middle last name

is the biological father of \_\_\_\_\_ INFANT \_\_\_\_\_ SPARROW \_\_\_\_\_  
 Child's first middle last name

born on 08 25 2020 in \_\_\_\_\_ BLUE \_\_\_\_\_ SAVVY \_\_\_\_\_ TEXAS \_\_\_\_\_  
 m m d d y y y y city county state

to \_\_\_\_\_ ANGELICA \_\_\_\_\_ BLACK \_\_\_\_\_ BLACK \_\_\_\_\_  
 Mother's first middle last name maiden name if different

01	06	1980	123-23-1234	86 HIGH SEA	BLUE	TEXAS	76904
Father's date of birth	social security number	address	city	state	zip code		
10	04	1984	432-13-2321	86 HIGH SEA	BLUE	TEXAS	76904
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 alternative to signing this Acknowledgment.
- No other Acknowledgment of Paternity form naming another man as the biological father of this child has been filed.
- 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.

Fill one circle by the correct statement from EACH of the following:

<input checked="" type="radio"/> There <u>has not</u> been genetic testing of the man listed above to determine if he is the biological father of this child.	OR	<input type="radio"/> Genetic testing <u>has</u> determined that the man listed above is the biological father of this child.
<input checked="" type="radio"/> The mother <u>was not</u> 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 there is a court order that states that the man the mother was married to is not the father of the child, and during the first two years of the child's life, no man continuously lived with the child and represented the child as his own.	OR	<input type="radio"/> The mother <u>was</u> married to someone other than the biological father at the time of the child's birth or during the 300 days before the child's birth or during the first two years of the child's life, a man continuously lived with the child and represented the child as his own; and that man has completed the Denial of Paternity below or has a Denial of Paternity filed with the Vital Statistics Unit.

Signature Document on file	07/10/2020	Signature Document on file	07/10/2020
Full Signature of Biological Father	date	Full Signature of Mother	date

**Denial of Paternity** (only required if "mother was married to someone other than the biological father or if, during the child's first two years of life, a man continuously lived with the child and represented the child as his own" is checked.)

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.			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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
Texas Department of State Health Services Vital Statistics Version 39.10. Revised 01/2011					
AOP Number		Entity Code		State File Number	
<input type="text" value="1111111"/>		<input type="text" value="3333"/>		<input type="text"/>	

WARNING: This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document.

**COPY**

WARNING: This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document.



# 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 this completed document.

We declare under penalty of perjury that JACK SPARROW  
Biological Father's first middle last name

is the biological father of INFANT SPARROW  
Child's first middle last name  
PROJECTED DOB

born on 08/25/2020, in BLUE SAVVY TEXAS  
m m d d y y y y city county state

to ANGELICA BLACK  
Mother's first middle last name maiden name if different

01/06/1980      123-23-1234      86 HIGH SEA      BLUE      TX      76904  
Father's date of birth social security number address city state zip code

04/10/1978      432-13-2321      86 HIGH SEA      BLUE      TX      76904  
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 alternative to signing this Acknowledgment.
- No other Acknowledgment of Paternity form naming another man as the biological father of this child has been filed.
- 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.

Fill one circle by the 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 there is a court order that states that the man the mother was married to is not the father of the child, and during the first two years of the child's life, no man continuously lived with the child and represented the child as his own. **OR**       The mother **was** married to someone other than the biological father at the time of the child's birth or during the 300 days before the child's birth or during the first two years of the child's life, a man continuously lived with the child and represented the child as his own; and that man has completed the Denial of Paternity below or has a Denial of Paternity filed with the Vital Statistics Unit.

JACK SPARROW / 7/10/2020      Angelica Black / 7/10/2020  
Full Signature of Biological Father date Full Signature of Mother date

\*\*\*\*\*  
**Denial of Paternity** (only required if "mother was married to someone other than the biological father or if, during the child's first two years of life, a man continuously lived with the child and represented the child as his own" is checked.)

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

Texas Department of Health Services  
Vital Statistics  
VS-139.1M Revised 9/2011

**COPY**

Entity Code      8311  
 [3333] [ET]

## Notes

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## WHEN NOT TO COMPLETE AN AOP



# DO NOT COMPLETE AN AOP WHEN:

- Child's biological parents are married to each other.
- The man who wants to complete the AOP is not the biological father.
- Identification is not available.
- You are related to or know one of the parties well. (Consult another entity to complete the AOP.)
- Parties want to use the AOP instead of adoption.
- The child was born to a surrogate parent.
- The parties are a same sex couple.
- Parties are unable to understand an AOP.
- There is a child support order for the child.
- There is a Texas court order establishing paternity.
- An individual is attempting to sign for a parent by a general power of attorney.
- Any party is deceased.
- The child has a presumed father who is unwilling to sign the denial of paternity within an AOP.

**Note:** If you encounter any of the above situations, inform the parties that an AOP is not appropriate for their situation, but they may consult a private attorney for more information.

## Notes

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# ADMINISTRATIVE RESCISSION GUIDELINES



# ADMINISTRATIVE RESCISSION GUIDELINES

## **PARTIES NEED TO KNOW:**

The administrative rescission process must be completed within 60 days of filing the Acknowledgment of Paternity with the Vital Statistics Section (VSS) or prior to a legal proceeding related to the child is initiated, whichever comes first.

## **CERTIFIED ENTITY RESPONSIBILITIES**

- Cannot give out blank documents.
- Rescinding party must present ID (see the Appropriate Identification tab in your manual).
- Ensure rescinding party completed all required fields.
- Required fields:
  - Child's information as it appears on the completed AOP
  - Mother's name and address
  - Biological father's name and address
  - Presumed father's name and address (if applicable)
  - Rescinding party's information
  - Rescinding party's signature and date
- Fields not required:
  - Rescinding party's SSN
  - Rescinding party's phone number
- Read the declarations located on the front of the form to the rescinding party.
- Read aloud the checklist located on the back of the form and have the rescinding party initial each section.
- Have the rescinding party sign and date the form.
- Enter your entity code.
- Make a copy of the rescission form and the party's ID.
- Give the rescinding party the original Rescission of Acknowledgment of Paternity form.

Retain a copy of the rescission form (front and back) and a copy of the rescinding party's ID according to your entity's retention schedule. It is recommended to retain these documents for a minimum of two years.

## RESCINDING PARTY'S RESPONSIBILITIES

After the Rescission of the Acknowledgment of Paternity has been completed:

- The rescinding party is responsible for making copies of the Rescission of Acknowledgment of Paternity form (VS-158) (front and back).
- The rescinding party must mail copies of the form by certified or registered mail, return receipt requested, to the:
  - Mother of the child
  - Father of the child
  - Presumed father (if applicable)
  - Office of the Attorney General - Child Support Division (if a child support case is open for the child associated with the AOP)
- The rescinding party must obtain proof of mailing from the U.S. Postal Service and pay any fees associated with mailing the copies of the form.
- The rescinding party must send copies of the proof of mailing along with the original rescission document to the VSS and keep the return receipt cards received from the U.S. Postal Service to prove they mailed copies of the form to the other parties.

**Note:** The envelope must be postmarked within 60 days of filing the Acknowledgment of Paternity with the VSS or prior to the initiation of a legal proceeding related to the child, whichever occurs first.



# STATE OF TEXAS

## RESCISSION OF ACKNOWLEDGMENT OF PATERNITY

**This is a legal document.** Type or Print in black ink. This document is used to withdraw the legal father and child relationship created by the Acknowledgment of Paternity (AOP) that was filed with the Texas Department of State Health Services, Vital Statistics Unit. This form must be submitted to the Vital Statistics Unit by the date a proceeding related to the child is initiated or the 60<sup>th</sup> day after the effective date of the acknowledgment, whichever comes earlier.

### Section I. Child's information as it appears on the Acknowledgment of Paternity

Child's first name	Middle	Last	
Date of birth (mm/dd/yyyy)	City of birth	County	State

### Section II. Parent's information as it appears on the Acknowledgment of Paternity

Mother's first name	Middle	Last	Maiden Name
Present street address	City	State	Zip
Father's first name	Middle	Last	Suffix
Present street address	City	State	Zip

### Section III. Presumed father's information as it appears on the Denial of Paternity Section (if applicable)

First Name	Middle	Last	
Present street address	City	State	Zip

### Section IV. Rescinding party's information

First name	Middle	Last	Suffix
Social Security number	Date of birth (mm/dd/yyyy)	Phone Number ( ) -	
ID Type	ID number		

I declare under penalty of perjury that:

- I acknowledge that as of the date the rescission is filed, a proceeding has not been held affecting the child identified on the Acknowledgment of Paternity or Denial of Paternity, including a proceeding to establish child support;
- I will immediately send a completed rescission by certified or registered mail, return receipt requested, to any signatory of the AOP as required by Tex. Fam. Code §160.307 and as explained in the "Duty to Inform" section on page 2.

\_\_\_\_\_  
Signature of Person Withdrawing Acknowledgment or Denial of Paternity

\_\_\_\_\_  
Date of Signature

**NOTICE: This form is NOT COMPLETE until mailed to signatories of the Acknowledgment of Paternity as required by statute and is NOT VALID without a Certified Entity Code. A completed and valid form MUST BE FILED with Vital Statistics to be effective. Instructions are on the back of this form.**

Entity code

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**This is a legal document.** This form is used to withdraw the legal father and child relationship created by the previously signed Acknowledgment of Paternity. Any person who signed the Acknowledgment of Paternity may use this form to rescind their Acknowledgment of Paternity. This form is NOT COMPLETE until mailed to signatories of the Acknowledgment of Paternity as required by statute and is NOT VALID without a certified entity code. A completed and valid form MUST BE FILED with Texas Department of State Health Services, Vital Statistics Unit, to be effective. This must be accomplished within the earlier of 60 days of signing the Acknowledgment of Paternity or the date a proceeding involving the child is initiated before a court.

Duty to Inform

A copy of the rescission form, in order to be completed and become valid, shall be sent by certified or registered mail, return receipt requested:

- If the rescission is of an acknowledgment of paternity, to the other signatory of the acknowledgment of paternity and the signatory of any related denial of paternity; or
- If the rescission is of a denial of paternity, to the signatories of the related acknowledgment of paternity; and
- If a signatory to the acknowledgment of paternity or denial of paternity is receiving services from the Office of the Attorney General Child Support Division, a copy of the completed rescission must be sent by certified or registered mail to the Office of the Attorney General, PO Box 12017 MC 044 Austin TX 78711.

Checklist:

The Certified Entity will review with you these instructions for filing your Rescission and can answer your questions about the process. The Certified Entity has no obligation to make copies for you. You must follow these instructions to be sure your Rescission will be filed and accepted.

<b>Steps you must follow to rescind the Acknowledgment of Paternity</b>	<b>I understand what I must do:</b>
All four (4) of the steps below must be completed within the earlier of 60 days of the effective date of the Acknowledgment of Paternity or the date a proceeding involving the child is initiated before a court.	Initials: _____
1) Complete this form with Certified Entity and have the Certified Entity add their unique code.	Initials: _____
2) Make copies of this form for yourself and make enough copies to mail to all people who signed the original AOP and the Attorney General's Office, if required. You must mail those copies by certified or registered mail, return receipt requested; and obtain proof of mailing from the US Postal Service. You must pay for any USPS fees.	Initials: _____
3) Send the proof of mailing receipts along with this original rescission document to VSU (USPS forms 3800 or 3806). You must pay any USPS fees. Keep the return receipt cards received from USPS to be able to prove you mailed copies of this form to the other parties.	Initials: _____
4) Mail <b>this completed form and copies of the proof of mailing to:</b> Vital Statistics Unit PO Box 149347, MC 1966 Austin, Texas 78714 There is no fee to file this document. The envelope must be postmarked within 60 days of the effective date of the Acknowledgment of Paternity or before a proceeding involving the child is initiated whichever occurs first.	Initials: _____
To obtain a certified copy of this form, use form VS-134.1 from VSU and pay any required fees. To change the birth certificate, use form VS-166 from VSU and pay any required fees. ( <a href="http://www.dshs.state.tx.us/vs/reqproc/forms.shtm">http://www.dshs.state.tx.us/vs/reqproc/forms.shtm</a> )	Initials: _____

# MATERIALS FOR PARTIES





## English Benefits, Rights and Responsibilities

**This is a 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 get a genetic test. **The biological father who signs this Acknowledgment becomes the legal father of the child when this document is filed with the Department of State Health Services, Texas Vital Statistics.**

Signing this legal document gives you certain rights and responsibilities. Signing this document is voluntary. You should consult an attorney if you have any concerns about signing this document. This document requires an Entity Code completed in the lower right corner by an individual certified by the Office of the Attorney General to administer Acknowledgments of Paternity.

### 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.

**This Acknowledgment has the same effect as a court order establishing paternity.** Both parents have parental right 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. 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 prior to any court hearing in a proceeding involving 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 Texas 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 a marriage (by a finalized divorce,) 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 by the biological father and mother, 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 Rescission of Acknowledgment of Paternity (VS-158) to rescind this document. The Rescission of Acknowledgment of Paternity must be filed within sixty (60) days after this legal document is filed with Texas Vital Statistics or before the date a proceeding related to the child is initiated, whichever occurs first. After sixty (60) days, or the date a proceeding for the child was initiated, a lawsuit is required to challenge this document. Fraud, duress, or material mistake of fact in signing this form must be proven during the lawsuit.

### If a Party is a Minor

Minors are authorized to complete the Acknowledgment of Paternity without parental consent. Minors are allowed to rescind or challenge this document in the same procedures as persons eighteen (18) or older.

All parties must receive oral notice of the above information before completing this Acknowledgment. You can receive oral notice of the information by calling 1-866-255-2006 and selecting option 1, "Notice of Rights and Responsibilities of a Parent."

If you have questions, you may call the Paternity Opportunity Program at 1-866-255-2006.

## Spanish Benefits, Rights and Responsibilities

**Este es un documento legal.** Si no está segura que el hombre a quien se nombra en el Reconocimiento de Paternidad es el papá biológico del niño, **NO** debe firmar este documento. Usted quizás quiera hacer una prueba genética. **El papá biológico que firma el Reconocimiento de Paternidad se convierte en el papá legal del niño cuando el documento es registrado en la Unidad de Estadísticas Vitales del Departamento Estatal de Servicios de Salud.**

Al firmar este documento legal, se le otorgan a usted ciertos derechos y responsabilidades. Firmar este documento es voluntario. Debe consultar con un abogado si tiene cualquier inquietud sobre la firma de este documento. Este documento requiere que sea incluido un Código de Entidad en la esquina de abajo al lado derecho que debe ser puesto por una persona autorizada por la Procuraduría General para administrar el Reconocimiento de Paternidad.

### **Beneficios, Derechos y Responsabilidades de la Paternidad**

Establecer el parentesco ayuda a facilitar que un niño reciba beneficios tales como seguro social, beneficios militares y de veteranos, cobertura de cuidado médico y seguro de vida, al igual que herencias.

**Este Reconocimiento de Paternidad tiene el mismo efecto que una orden de la corte estableciendo la paternidad.** Ambos padres tienen derechos de paternidad y deberes según como dispone la ley estatal. Cualquiera de los padres (mamá o papá) tiene derecho de intentar obtener la custodia principal del niño. Un padre que no vive con el niño quizás pueda tener derecho a visitar y mantener una relación con el niño, ya sea por acuerdo de los dos padres o por orden de una corte. Al firmar este Reconocimiento de Paternidad, a usted se le puede ordenar que pague manutención de niños o manutención médica. Este documento se puede llenar antes de nacer el niño, al momento de nacer, o en cualquier momento después del nacimiento del niño previo a que se realice alguna audiencia en corte en un procedimiento que involucre al niño. Si este documento es firmado antes de nacer el niño, establece un vínculo para cualquier niño que nace dentro de un lapso de 300 días después de la fecha de la firma de este documento. Cuando este Reconocimiento de Paternidad queda debidamente registrado con la Unidad de Estadísticas Vitales de Texas, establece una relación de padre e hijo entre el hombre y el niño. Se requiere establecer la paternidad para que el nombre del papá aparezca en el acta de nacimiento.

**Puede obtener servicios de manutención de niños a través de la División de Manutención de Niños de la Procuraduría General o contratando a un abogado**

### **Negando la Paternidad**

Si la mamá de un niño está casada con un hombre que no es el papá biológico al momento de nacer o dentro de 300 días de que termine un matrimonio (por medio de un divorcio finalizado), dicho esposo o ex esposo se presume es el papá legal. Para completar este documento para un niño con un presunto papá legal, el presunto papá debe negar la paternidad llenando la sección Negación de la Paternidad. La mamá debe estar de acuerdo que el presunto papá no es el papá biológico al también firmar la sección negando la paternidad. El papá biológico y la mamá también deben llenar la sección de reconocimiento, o no será aceptada la negación de la paternidad. Al registrar este documento, se determina que el presunto papá no es el papá legal del niño. Su deber legal de proporcionar manutención al niño queda eliminado. Igualmente, su derecho legal de custodia o visitas con el niño queda eliminado.

### **Cambio de Opinión**

Si una de las partes mencionadas en este documento cambia de opinión sobre el reconocimiento o el rechazo de paternidad, pueden registrar una Anulación del Reconocimiento de Paternidad (VS-158) para anular este documento. La Anulación del Reconocimiento de Paternidad debe ser registrada dentro de sesenta (60) días después de que este documento legal haya sido registrado con Estadísticas Vitales de Texas o antes de la fecha en que dé inicio un procedimiento legal relacionado con el niño, según lo que ocurra primero. Después de sesenta (60) días, o de la fecha de la primera audiencia, se requiere una demanda para desafiar este documento. El fraude, coacción o equivocación material de hecho al firmar este formulario debe ser comprobado durante la demanda.

### **Si Una de las Partes Es Menor de Edad**

Los menores de edad están autorizados para llenar el Reconocimiento de Paternidad sin permiso de sus padres. Los menores de edad pueden anular o desafiar este documento bajo los mismos procedimientos a disposición de personas de dieciocho (18) años o mayores.

Todas las partes deben recibir un aviso oral de la información mencionada arriba antes de llenar el Reconocimiento de Paternidad. Usted puede recibir aviso oral de esta información llamando al 1-866-255-2006 y seleccionando la opción 1, "Aviso de Derechos y Responsabilidades de un Padre".

Si tiene preguntas, llame al Programa de Oportunidad de Paternidad al 1-866-255-2006



# Voluntary Acknowledgment of Paternity

If you are not married to the father of your child, but you want him listed as the legal father on your child's birth certificate, here is the information you will need to know:

- Both parents must sign a document called an Acknowledgment of Paternity (AOP). When the Acknowledgment of Paternity is filed with the Vital Statistics Section (VSS), the biological father becomes the legal father.
- Identification must be provided to complete an AOP.
- The Acknowledgment of Paternity can be completed:
  - before your baby is born,
  - when your baby is born, or
  - anytime afterwards.
- To sign the AOP before your baby's birth, both you and the biological father must go to a certified entity listed below. When the AOP is completed, the certified entity will submit the AOP to VSS. Please bring your copy of the AOP to the hospital when you have your baby.
- If an AOP was not completed when the baby was born, both parents may go at any time afterwards to a certified entity listed below to complete an AOP.
- The Acknowledgment of Paternity can be signed and completed at:
  - The Office of the Attorney General - Child Support Division
  - Local Registrar (County Clerk's Office)
  - Local Vital Statistics Office
- To find a certified entity near you, you may call (866) 255-2006.

## Important Information

If you are married to a man other than the father of the child, your husband must complete the Denial of Paternity section on the Acknowledgment of Paternity form.

If you were divorced from a man within 300 days before your child's birth, and a court order does not exclude your ex-husband as the father of the child, your ex-husband must sign the Denial of Paternity.

If the Denial of Paternity is needed and not completed, you cannot proceed with the AOP. You may contact a child support office or private attorney for assistance.

Form 1608  
Revised: 04/2019



## Reconocimiento de Paternidad Voluntario

Si no está casada con el papá del niño, pero desea ponerlo como el papá legal en el acta de nacimiento, esta es la información que necesita:

- Ambos padres deben firmar el documento llamado Reconocimiento de Paternidad (Acknowledgement of Paternity, AOP). Cuando el Reconocimiento de Paternidad es presentado ante la Unidad de Estadísticas Vitales (Vital Statistics Unit, VSS), el papá biológico se convierte en el papá legal.
- Debe mostrar su identificación para completar el Reconocimiento de Paternidad.
- El Reconocimiento de Paternidad puede ser completado:
  - antes del nacimiento de su bebé;
  - al nacer su bebé, o
  - a cualquier momento después del nacimiento de su bebé;
- Para firmar el Reconocimiento de Paternidad antes del nacimiento de su bebé, ambos la mamá y el papá biológico deben ir a una de las entidades certificadas mencionadas aquí abajo. Al completar el Reconocimiento de Paternidad, la entidad certificada enviará un fax a la Unidad de Estadísticas Vitales. Por favor traiga una copia del Reconocimiento de Paternidad al hospital cuando nazca su bebé.
- Si no completó un Reconocimiento de Paternidad al nacer su bebé, ambos padres pueden ir posteriormente, en cualquier momento, a una de las entidades certificadas mencionadas abajo para completar el Reconocimiento de Paternidad.
- El Reconocimiento de Paternidad puede ser firmado y completado en:
  - La Procuraduría General – División de Manutención de Niños
  - Registro Local (Oficina de la Secretaría del Condado)
  - La oficina local de Estadísticas Vitales
- Para localizar a una entidad certificada cerca, llame al (866) 255-2006.

### Información Importante

Si está casada y su esposo no es el papá del niño, su esposo debe llenar la sección de Negación de Paternidad, en el Reconocimiento de Paternidad.

Si se divorció de alguien dentro de un lapso 300 días antes de que naciera su niño, y una orden de la corte no excluye a su ex esposo como el padre del niño, su ex marido tiene que firmar la negación de paternidad.

Si la Negación de Paternidad es necesaria, pero no ha sido llenada, no puede proceder con el Reconocimiento de Paternidad. Comuníquese con una oficina de manutención de niños o un abogado privado para asistencia.



## **Information About Child Support for New Parents**

**The Attorney General of Texas Child Support Division is committed to helping parents with paternity establishment and child support.**

### **Q: Who may apply?**

**A:** Anyone who would like to establish paternity, child support, and/or medical support

### **Q: Why should I apply?**

**A:** People come to the Office of the Attorney General (OAG) - Child Support Division for many reasons – sometimes because parents are not together. Even parents who are together and getting along may want to consider applying for child support services.

- Unmarried mothers or fathers who would like the added security of DNA testing before legal fatherhood (paternity) is established, removing the possibility of legal challenges in the future.  
**Note:** If you open a child support case with the OAG and we determine that a DNA test is necessary, one will be provided with no upfront cost.
- Mothers or fathers who want to establish a formal financial arrangement (this protects both parents).
- Mothers who are married to someone other than the biological father and need help establishing paternity with the biological father.

### **Q: How do I apply?**

**A:** Applying for child support services means filling out an application with the OAG and providing the staff with as much information as you can about your child, yourself and the other parent. This can be done:

- **Online** – Go to the Office of the Attorney General’s website at:
  - [www.texasattorneygeneral.gov/child-support/get-started/how-apply-child-support](http://www.texasattorneygeneral.gov/child-support/get-started/how-apply-child-support)
- **In Person** – You may visit any of our offices to obtain an application.
- For additional information, call (800) 252-8014.

### **Q: How much does it cost?**

**A:** There is no charge to apply for child support services. However, federal law requires all states impose a \$35 annual service fee on cases that involve parents who have never received Temporary Assistance for Needy Families (TANF). Fees will be deducted from child support payments. Parents who have more than one child support case will pay a fee on each case that meets the criteria.

### **Q: Will I have to go to court?**

**A:** Many parents take care of all their child support business in the office through the Child Support Review Process (CSRP). If parents can reach an agreement about paternity establishment, child support and visitation, and/or medical support, they can sign all the necessary documents and establish an order without going to court.

Revised: February 2022



## **INFORMACIÓN SOBRE LA MANUTENCIÓN DE NIÑOS PARA NUEVOS PADRES**

La División de Manutención de Niños de la Procuraduría General de Texas está comprometida a ayudar a los padres con el establecimiento de la paternidad y manutención de niños.

**P: ¿Quién puede solicitar servicios?**

**R:** Cualquier persona que desea establecer la paternidad, manutención de niños y/o manutención médica.

**P: ¿Por qué debo llenar la solicitud?**

**R:** Las personas acuden a las sucursales de manutención de la Procuraduría General por muchas razones, a veces porque los padres ya no están juntos. Incluso los padres que están juntos y en buenos términos quizás quieran considerar solicitar los servicios de manutención de niños.

- Las mamás y papás que no están casados y desean la seguridad de una prueba de ADN antes de establecer la paternidad legal, eliminando la posibilidad de desafíos legales en el futuro.

**Nota:** Si se abre un caso de manutención con la Procuraduría General de la Nación y la Procuraduría General determina que una prueba de DNA es necesario, se le proporcionará, sin costo inicial.

- Las mamás o papás que desean establecer un arreglo formal económico (esto protege a ambos padres).
- Una mamá casada con un hombre que no es el papá biológico y que necesita ayuda para establecer la paternidad con el papá biológico.

**P: ¿Cómo presento la solicitud?**

**R: Para** solicitar los servicios de manutención de niños tiene que llenar un formulario de solicitud con la Procuraduría General y entregar al personal toda la información que pueda sobre su hijo, usted misma y el otro padre. Esto lo puede hacer:

- **En la página Internet** - Visite la página Internet de la Procuraduría General en:
  - [www.texasattorneygeneral.gov/child-support/get-started/how-apply-child-support](http://www.texasattorneygeneral.gov/child-support/get-started/how-apply-child-support)
- **En persona** – Puede ir a cualquiera de nuestras sucursales para obtener un formulario de solicitud.
- Para información adicional, llame al 1 (800) 252-8014.

**P: ¿Cuánto cuesta?**

**R:** No hay ningún cargo para solicitar servicios de manutención infantil. 1 de octubre de 2011, los padres con custodia con servicio completo de casos que nunca han recibido Asistencia Temporal para Familias Necesitadas (TANF) pagarán una cuota de \$ 25 al año que reciben al menos \$ 500 en las colecciones de manutención de niños. Los cargos serán deducidos de los pagos de manutención de niños. Los padres que tienen más de un caso de manutención infantil pagarán una cuota en cada caso que cumpla los criterios.


**P: ¿Tengo que ir a la corte?**

**R:** Muchos padres hacerse cargo de todas sus operaciones de manutención en la oficina a través del proceso de revisión de Apoyo Infantil (CSRP). Si los padres pueden llegar a un acuerdo sobre el establecimiento de la paternidad, manutención infantil y visitas, y / o apoyo médico, pueden firmar todos los documentos necesarios y establecer un orden sin tener que ir a los tribunales.

Revised: February 2022


# Paternity, Child Support and You

You may also give parties the OAG's "Paternity, Child Support and You" brochure.



**PATERNITY  
CHILD SUPPORT AND YOU**  
A parent's guide to the legal side of fatherhood and financial support.

**Are your child's rights protected?**  
In Texas, children born to unmarried parents do not have the same established legal rights with their fathers as children born to married parents.



**LA PATERNIDAD  
LA MANUTENCIÓN DE NIÑOS Y USTED**  
Una guía para padres sobre los aspectos legales de la paternidad y el apoyo económico.

**¿Están protegidos los derechos de su hijo?**  
En Texas, los niños que nacen de padres que no están casados no tienen establecidos los mismos derechos legales con sus papás como los niños con padres casados.



# Frequently Asked Questions about Child Support

You may also give parties the OAG's "Frequently Asked Questions about Child Support" brochure.





# VITAL STATISTICS FORMS





# Correcting a Birth Certificate

**THIS FORM CANNOT BE USED TO CORRECT A RECORD BASED ON AN ADOPTION.**

## Who Can Apply for a Correction?

- The person named on the birth certificate, if at least 18 years of age.
- Parent(s) named on the birth certificate, if child is under 18 years of age.
- Legal guardian(s), managing conservator, or legal representative (proof required) of the person named on the birth certificate.
- Hospital or medical facility where the person named on the birth certificate was born.

## How Do I Make a Correction?

- Complete and sign this application. See pages 4 and 5.
  - Section 1, 2, 5 and 6 **MUST** be completed. See pages 2 and 3 for how to complete Section 3 or 4.
  - Everyone signing section 6 must sign before a notary public and ATTACH A COPY OF THEIR VALID PHOTO ID(S).**
- The application must be original. Photocopies, alterations, strike-through, or write overs will not be accepted.
- Submit the appropriate documentation. See pages 2 and 3.
- Submit the appropriate fees. See fee schedule below.

For Frequently Asked Questions, go to: <https://www.dshs.texas.gov/vs/faq/#correct>.  
 For more information, go to: <https://www.dshs.texas.gov/vs/requirements.aspx>.

## Where Do I Mail the Application?

**Regular Mailing Instructions** - Estimated processing time is 6-8 weeks.  
 See <https://www.dshs.texas.gov/vs/processing/> for current times.

Please submit your application, supporting documents (if required) and fees to:  
**DSHS – Vital Statistics Section, P.O. Box 12040, Austin, TX 78711-2040.**

**Expedited Service Mailing Instructions** - Estimated processing time is 20-25 business days.

The order and \$5.00 processing fee must be sent to the Vital Statistics Section via an **overnight mail service such as: FedEx, Lone Star, or UPS.**

Please submit your application, supporting documents (if required) and fees to:  
**DSHS-Vital Statistics Section, MC 2096, 1100 W. 49<sup>th</sup> Street, Austin, TX 78756.**

**FAILURE TO PROVIDE INFORMATION REQUESTED ON THIS FORM, MAY RESULT IN SIGNIFICANT PROCESSING DELAYS AND/OR DENIAL OF YOUR APPLICATION.**

## Fees: How much must I submit?

Fee Schedule	Fee (\$)	Qty (#)	Total (\$)
<b>Filing Fees (Select One):</b>			
<input type="checkbox"/> Correction to Birth Certificate (Not required if child's name change is in same court order to add/replace/remove parent)	\$15.00		=
<input type="checkbox"/> Correction to Birth Certificate by adding/removing/replacing a parent	\$25.00		=
<input type="checkbox"/> New Birth Certificate based on child's sex or parent's race or color See "Correcting the Child's Sex or Parent's Race or Color" on Page 3.	\$25.00		=
<b>For urgent requests, orders may be EXPEDITED by paying the below expedited processing fee AND sending the order through an overnight mail service, such as: FEDEX, LoneStar, or UPS to: DSHS-Vital Statistics Section, MC 2096, 1100 W. 49<sup>th</sup> Street, Austin, TX 78756.</b>			
<input type="checkbox"/> Expedited processing Fee (per application)	\$5.00		
<b>All orders are returned free of charge by USPS regular mail. For expedited return mail service, select one of the overnight return shipping methods below.</b>			
<input type="checkbox"/> Expedite Overnight Mail (shipping within USA)	\$12.50		
<input type="checkbox"/> USPS Express Overnight Mail (shipping overnight to PO Box ONLY)	\$22.95		=
<b>Birth Certificate(s):</b>			
<input type="checkbox"/> Certified Corrected Birth Certificate (\$22.00 per copy)	\$22.00	X	=
<b>Grand Total</b>			

**Fees may be combined in one check or money order made payable to DSHS – Vital Statistics**

For the status of your request, contact VSS by telephone at 1-888-963-7111 or online at: <https://www.dshs.texas.gov/orderstatus/>.

## What type of correction are you requesting?

A correction to a birth record may be filed to complete or correct a record that is incomplete or proved by satisfactory evidence to be inaccurate. You must complete pages 4 and 5 of this application and may need to provide a supporting document (See Box#1). **IF THE CHILD IS A MINOR AND BOTH PARENTS ARE ON THE BIRTH RECORD, BOTH PARENTS MUST SIGN SECTION 6,** unless otherwise specified in Box #1.

<b>Box # 1: Document Checklist</b>	
<b>I want to...</b>	<b>You will need <u>one</u> of the supporting documents shown in Box # 2 below</b>
<input type="checkbox"/> Correct a hospital error before 1 <sup>st</sup> birthday (hospital must sign and submit application)	No documentation required.
<input type="checkbox"/> Correct an error or omission made by the hospital after child's 1 <sup>st</sup> birthday	1 or 2
<input type="checkbox"/> Add or correct child's first or middle name, BEFORE child's 1 <sup>st</sup> birthday <i>Examples: Cindie to Cindy or "no name" to Kathie</i>	No documentation required
<input type="checkbox"/> Add or correct child's first or middle name, AFTER child's 1 <sup>st</sup> birthday <i>Examples: Ann to Anne or Merie to Marie or "no name" to Ryan</i>	1, 2, 3, 4, 5, 6, 7, 8, or 9
<input type="checkbox"/> Correct spelling of child's last name (all documents must be dated PRIOR to birth of child unless providing a court order) <i>Example: Martines to Martinez</i>	5, 10, 11, 12, 13, or 14
<input type="checkbox"/> Correct child's date of birth, place of birth, time of birth or sex	1, 2, or 5
<input type="checkbox"/> Correct child's sex after medical/surgical sex change	5
<input type="checkbox"/> Correct parent's information (parent must be currently listed on the birth certificate)	5, 10, 11, 12, 13, or 14
<input type="checkbox"/> Correct mother's residence address at the time of the child's birth	1, 2, or 5
<input type="checkbox"/> Adding a parent AND the parents <b>were married BEFORE</b> the child was born ( <b>Both</b> parents must sign Section 6 of this application in the presence of a notary. A Hospital Representative cannot apply)	12
<input type="checkbox"/> Change First, Middle, Last name <i>Example: Martinez to Brown</i>	5
<input type="checkbox"/> Remove information from birth record	5
<input type="checkbox"/> Add/remove/replace a parent (A Hospital Representative cannot apply for this correction)	See page 3, "Adding, Removing, or Replacing a Parent's Name"

### Suggested Supporting Documents:

Documents must be **original certified copies (no photocopies)** on official letterhead or with an original certification or seal unless otherwise specified below. Foreign documents, including notaries, must have an apostille or legalization from the Foreign Country where the document was issued. **All supporting documents must match the requested correction(s) exactly and cannot be altered.**

If an acceptable supporting document cannot be obtained, a **court order** to correct the information must be submitted. If an item has already been amended once, a **court order** is required to amend the same item again.

<b>Box # 2: Supporting Documents</b>	
1	Hospital or medical record at birth (admission/discharge or worksheet)
2	Letter from Hospital or medical facility at birth explaining correction needed
3	Baptismal certificate - Must be within first 5 years of birth
4	Numident printout from the Social Security Administration (SSA). Issued by the SSA, PO BOX 33022, Baltimore, MD 21290-3022. Contact SSA at 410-965-1727 for fees and more information.
5	A certified copy of a court order affecting information shown on the birth certificate. Include all pages with judge's signature and seal of the court.
6	Elementary school record - Must be signed by custodian of school records based on earliest attendance.
7	Federal census record
8	School census record
9	Armed forces discharge papers (form DD 214) - Photocopy accepted
10	Birth certificate(s) of child's parent(s)
11	Birth certificate of child's older brother or sister
12	Certified copy of Parent's Marriage license
13	Parent's Naturalization Certificate (must include name change) Call the Immigration and Naturalization Service (ICE) at 800-375-5283 to obtain information on how to secure this document.
14	Photocopy of Parent's domestic passport or Parent's foreign passport with U.S. Visa

### Adding, Removing or Replacing a Parent's Name

A new birth certificate may be filed based on parentage to Add, Remove or Replace a parent on the birth certificate. Complete Sections 1,2,4,5 and 6 of this application (pages 4 and 5). In addition, **one** of five types of documentation must be presented as evidence to file the new birth certificate:

1. A certified copy of the certificate of marriage of the parents;
2. A copy of the Acknowledgment of Paternity (VS-159.1) filed with the Vital Statistics Section;
3. A certified copy of the court decree establishing parentage;
4. A copy of the Acknowledgment of Paternity Rescission (VS 158) filed with the Vital Statistics Section;  
or,
5. A gestational agreement.

Box # 3: Adding, Removing or Replacing a parent's name	
I am/We are...	You need to complete this application and...
<input type="checkbox"/> A mother not married during pregnancy and not married now and wants to add a father <p style="text-align: center;">Or</p> <input type="checkbox"/> A mother married within 300 days prior to the birth of the child and wants to add a biological parent who is not the spouse	(1) <b>Both</b> parents sign Section 6 of this application in the presence of a notary; and, (2) Complete an Acknowledgement of Paternity (Visit the Office of the Attorney General, Paternity Opportunity Program at <a href="https://www.texasattorneygeneral.gov/cs/establishing-paternity">https://www.texasattorneygeneral.gov/cs/establishing-paternity</a> )
<input type="checkbox"/> A mother not married during pregnancy but is now married to the parent	(1) <b>Both</b> parents sign Section 6 of this application in the presence of a notary; and, (2) Provide a certified copy of your marriage license
<input type="checkbox"/> A parent with a court order establishing parentage / removing parent (only corrections ordered in the court order will be completed) <p style="text-align: center;">Or</p> <input type="checkbox"/> Parents with a gestational agreement	(1) <b>One</b> parent signs Section 6 of this application in the presence of a notary; and, (2) Provide a certified copy of the <i>entire</i> court order (all pages) signed by a judge
<input type="checkbox"/> Parents who have signed a State of Texas Acknowledgment of Paternity (VS 159.1)	(1) <b>Both</b> parents sign Section 6 of this application in the presence of a notary; and, (2) Provide a copy of the signed Acknowledgement of Paternity (VS-159.1).
<input type="checkbox"/> A parent who has an Acknowledgement of Paternity Rescission (VS 158) filed with the Vital Statistics Section and wants to remove their name from the birth certificate*	(1) <b>One</b> parent signs Section 6 of this application in the presence of a notary; and, (2) Provide a copy of the signed Acknowledgement of Paternity Rescission (VS-158).

**Certified documents submitted will be retained by VSS and placed in a sealed file. A court order is required to unseal a file. Parents should keep copies of certified documents for their records and future use before sending them to VSS.**

**\* Once a parent is removed from the birth certificate, they are no longer a qualified applicant to request a certified copy of the child's newly corrected birth certificate.**

### Correcting the Child's Sex or the Parent's Race or Color

A new birth certificate may be filed that incorporates the corrected sex of the person named on the birth certificate. It may also be filed on older records to remove the parent(s) "race or color". The filing fee to create a new birth certificate is \$25.00. Complete Section 3 and check the bottom box requesting a new birth certificate be filed. If the bottom box on Section 3 is not checked, the correction will be attached to the original record as an addendum (\$15.00 filing fee required).

### Reviewing the certified copy of the amended birth record

Once the amendment has been filed, the certified copy of the birth certificate will describe the corrections made below the image of the original birth record.



**IMPORTANT:** Photocopies, alterations, strike-through, or write-overs in Section 1 through 6 will not be accepted. Please use a new application if you make a mistake.

## Birth Certificate Correction Application

Type or Print (please use blue or black ink ONLY)

Remittance No. \_\_\_\_\_

### Section 1: What is Your Name? (Applicant's Information)

Name (First, Middle, Last):	
Address ( <b>Mailing</b> Address, City, State, Zip):	
Email Address:	Telephone # (daytime) ( ) -
Your relationship to Person named on the birth certificate: <input type="checkbox"/> Parent <input type="checkbox"/> Self <input type="checkbox"/> Hospital Representative <input type="checkbox"/> Legal guardian(s) or Managing Conservator <input type="checkbox"/> Legal Representative (proof required)	
>>>>>>A COPY OF THE APPLICANT'S VALID PHOTO ID MUST BE ATTACHED<<<<<<<	

### Section 2: Birth Certificate Information

**Enter information as it appears on the current birth certificate (before corrections).**

Birth Certificate Number, if known:	142 - -		
Child's First Name:	Middle Name:	Last Name:	
Date of Birth:			Sex:
Place of Birth (City or town)	(County)	(State) TEXAS	
Full Maiden Name (First, Middle, Last) of Parent 1:	Full Maiden Name (First, Middle, Last) of Parent 2:		

### Section 3: What do you want to correct?

**If you are adding, removing or replacing a parent, complete Section 4.**

List items to be added, corrected or removed	What is on the birth certificate now?	What should the birth certificate say?
<i>Example: Child's First Name</i>	<i>Not Shown</i>	<i>Tara</i>
<i>Example: Date of Birth</i>	<i>August 2, 2010</i>	<i>August 12, 2010</i>

If you have a certified court order granting a name change only (not changing parentage), complete the information below.

Court Ordered Name Change	First Name:	Middle Name:	Last Name:
---------------------------	-------------	--------------	------------

Check box (if applicable):  We are/I am requesting a new birth certificate be filed to incorporate the correction to the child's sex or remove the parent's race or color.

**Section 4: Add, Remove or Replace a Parent**

If you want to add, remove or replace the name of a parent, please fill out this section.

<b>I am requesting to:</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Replace			
<b>CHILD'S NAME ON NEW RECORD (Even if it will remain the same)</b> If changing child's <b>first or middle</b> name, birth certificate correction procedures on page 2 apply.			
First Name:	Middle Name:	Last Name(s):	Suffix:
<b>INFORMATION FOR PARENT 1 (Even if it will remain the same)</b>			
<b>Title (check one):</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent			
<b>Full Name (Full Maiden Name Prior to First Marriage)</b>			
First Name:	Middle Name:	Last Name(s):	Suffix:
<b>Date of Birth</b>		<b>Place of Birth</b>	
Month: / Day: / Year:	State or Foreign Country:		
<b>INFORMATION FOR PARENT 2 (Even if it will remain the same) If only 1 parent will remain on the birth certificate, leave this information blank.</b>			
<b>Title (check one):</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent			
<b>Full Name (Full Maiden Name Prior to First Marriage)</b>			
First Name:	Middle Name:	Last Name(s):	Suffix:
<b>Date of Birth</b>		<b>Place of Birth</b>	
Month: / Day: / Year:	State or Foreign Country:		

**Section 5: Would you like to request a birth certificate? Check one:**

- No, I would not like a certified copy of the corrected birth certificate.
- Yes, I would like a certified copy of the corrected birth certificate. Number requested: \_\_\_\_\_

**Please verify fees and quantity ordered in the fee box on Page 1.**

**Section 6: Affidavit**

**Please sign below in the presence of a notary public and ATTACH a copy of your valid Photo ID.** Applications without acceptable valid ID attached will **not** be processed. Cross-outs or white-outs will **VOID** your application.

**WARNING: The Penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Texas Health and Safety Code, Chapter 195).**

<b>Self, Parent 1, Legal Guardian, or Hospital Rep. &gt;&gt;&gt;&gt;ATTACH A COPY OF YOUR VALID PHOTO ID&lt;&lt;&lt;&lt;</b>			
Printed Name:		Signature:	
Address:	City:	State:	Zip:
<b>Notary Public, County Clerk, or other person authorized to administer oaths</b>			
Sworn to and subscribed before me, this ____ day of _____ 20____.		[Stamp or Seal]	
Signature:			
Printed name and title:			

<b>Parent 2 or Legal Guardian 2, if applicable: &gt;&gt;&gt;&gt;ATTACH A COPY OF YOUR VALID PHOTO ID&lt;&lt;&lt;&lt;</b>			
Printed Name:		Signature:	
Address:	City:	State:	Zip:
<b>Notary Public, County Clerk, or other person authorized to administer oaths</b>			
Sworn to and subscribed before me, this ____ day of _____ 20____.		[Stamp or Seal]	
Signature:			
Printed name and title:			



Texas Department of State Health Services

**OFFICE USE ONLY**

FEE RECEIVED: \_\_\_\_\_  
 POSITIVE SEARCH: \_\_\_\_\_  
 NEGATIVE SEARCH: \_\_\_\_\_  
 DATE MAILED/EMAILED: \_\_\_\_\_ BUDGET-FUND: ZZ712

**APPLICATION FOR ACKNOWLEDGMENT OF PATERNITY (AOP) INQUIRY**

**COMPLETE STEPS 1, 2 & 3. SIGN AND DATE THE APPLICATION. INCLUDE A PHOTOCOPY OF YOUR VALID ID.**

**Step 1: YOUR INFORMATION AND SHIPPING ADDRESS (PLEASE PRINT)**

Your Name (First, Middle, Last Name): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

**Family Code §160.313 allows access to AOPs to the following individuals/agencies:**

RELATIONSHIP (CHECK ONE):  Mother  Father  Presumed Father  Court Ordered for Attorney

I authorize mailing to the address below instead of my mailing address listed above.

Name: \_\_\_\_\_

Address to Send to if different than noted above: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Step 2: INFORMATION FOR CHILD SHOWN ON AOP**

NAME OF CHILD	First	Middle	Last	DATE OF BIRTH (MM/DD/YYYY):
BIRTHPLACE:	City	County	State	
MOTHER'S NAME:	First	Middle	Maiden Last	DATE OF BIRTH (MM/DD/YYYY)
BIOLOGICAL FATHER'S NAME:	First	Middle	Last	DATE OF BIRTH (MM/DD/YYYY)

Check One:  Certified Copy of AOP  Certified Copy of AOP Rescission

**Step 3: COST & FEES (NOT REFUNDABLE, if Record Not found)**

Select Record Type:	Qty	Price/each	Total
<input type="checkbox"/> AOP Inquiry	1	x \$10.00	\$
For urgent requests, orders may be <b>EXPEDITED</b> by sending the order through an overnight mail service, such as: FEDEX, LoneStar, or UPS to our physical address: <b>DSHS – VSS MC 2096, 1100 W. 49th St., Austin, TX 78756</b> and paying the below expedited processing fee.			
<input type="checkbox"/> Expedited Processing (estimated 20-25 business days)			\$5.00
All orders are returned free of charge by USPS regular mail. For expedited return mail service, select <b>one</b> of the overnight return shipping methods below.			
<input type="checkbox"/> Overnight Return Mail (for shipping within USA)			\$12.50
<input type="checkbox"/> USPS Express Return Mail (for shipping to PO Box ONLY)			\$22.95
<b>Total Due:</b>			<b>\$</b>

Make check or money order payable to **DSHS – Vital Statistics - ZZ712.**

Mail completed form, payment and valid ID to: **DSHS - VSS, P.O. Box 12040, Austin, TX 78711-2040.** Regular orders are processed and mailed 6 – 8 weeks after receipt of the request.

**The applicant must include a photocopy of his or her valid photo ID issued by a governmental entity.** Visit our website for a current list of acceptable identification in English (<http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs/>) and Spanish ([http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs-\(Spanish\)/](http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs-(Spanish)/)).

**WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)**

**READ & SIGN (Applications without signatures or attached valid ID will NOT be accepted for processing)**

Signature of Applicant \_\_\_\_\_ Date Signed (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 For the status of your request, contact VSS by telephone at 1-888-963-7111 or online at: <https://www.dshs.texas.gov/orderstatus/>.





## REQUISITION FOR TEXAS VITAL STATISTICS FORMS

To assist Texas Vital Statistics in providing you with quality customer service when ordering supplies, we would appreciate your completing and returning the "Requisition for Vital Statistics Forms" (VS-100) to Texas Vital Statistics in the following preferred order:

1. FAX Supply Orders: **(512) 458-7506**  
 Attn: VS Supply Representative  
 -OR-
2. Mail Supply Orders: VS Supply Representative  
 Texas Vital Statistics  
 Texas Department of State Health Services  
 PO BOX 149347  
 Austin, TX 78714-9347

We recommend, if possible, that you FAX or MAIL your supply request.  
**On average, VS will mail your order within 3-5 days of receipt.**  
**Please allow an additional 7-10 processing days through the U.S. Postal Service.**

To check on the status of your supply order, you may call (512) 458-7111 ext 3392

**Return Mailing Address:**

\_\_\_\_\_  
 Organization Name

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 Attention:

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Telephone # (M-F, 8am – 5pm)

\_\_\_\_\_  
 Date of Request

Name of Form	Form No.	Quantity

Forms Provided by Texas Vital Statistics are on the Back.

Name of Current Vital Statistics Forms	Form No.	Rev Date	Available on Website
<b>Requisition for Vital Statistics Forms*</b>	<b>VS-100</b>	<b>09/11</b>	<b>YES</b>
<b>Batch Control Form*</b>	<b>VS-101</b>	<b>10/04</b>	
<b>Mother's Worksheet (2005)*</b>	<b>VS-109.1</b>	<b>09/11</b>	<b>YES</b>
<b>Mother's Worksheet (2005)* (Spanish)</b>	<b>VS-109.1A</b>	<b>02/05</b>	<b>YES</b>
<b>Medical Worksheet (2005)* {§192.003}</b>	<b>VS-109.2</b>	<b>09/11</b>	<b>YES</b>
2005 Certificate of Birth-Long Form (restricted distribution)	VS-111	01/05	
Certificate of Death (restricted distribution)	VS-112	04/09	
Certificate of Fetal Death	VS-113	01/06	
<b>Report of Death*</b>	<b>VS-115</b>	<b>09/04</b>	<b>YES</b>
Burial-Transit Permit (restricted distribution)	VS-116	09/04	
Court-Ordered Delayed Certificate of Death	VS-128	02/01	
<b>Notice of Intent to Claim Paternity*</b>	<b>VS-130</b>	<b>2/10</b>	<b>YES</b>
<b>Paternity Registry Notice of Change of Information*</b>	<b>VS-131</b>	<b>12/05</b>	<b>YES</b>
<b>Revocation of Notice of Intent to Claim Paternity*</b>	<b>VS-132</b>	<b>12/05</b>	<b>YES</b>
<b>Paternity Registry Inquiry Request*</b>	<b>VS-134</b>	<b>06/15</b>	<b>YES</b>
<b>Acknowledgment of Paternity Inquiry Request *</b>	<b>VS-134.1</b>	<b>06/15</b>	<b>YES</b>
<b>Mail Application for Birth Record*</b>	<b>VS-140</b>	<b>03/20</b>	<b>YES</b>
<b>Mail Application for Death Record*</b>	<b>VS-142</b>	<b>12/05</b>	<b>YES</b>
<b>Request for Gift Certificate for Heirloom Birth Certificate*</b>	<b>VS-144</b>	<b>12/05</b>	<b>YES</b>
<b>Adult Adoptee Application Non-Certified Copy of Original BC*</b>	<b>VS-145</b>	<b>12/05</b>	<b>YES</b>
Rescission of Acknowledgement of Paternity	VS-158	09/11	
Acknowledgement of Paternity	VS-159.1M	09/11	
<b>Certificate of Adoption*</b>	<b>VS-160</b>	<b>02/11</b>	<b>YES</b>
<b>Information on Suits Affecting the Family Relationship*</b>	<b>VS-165</b>	<b>07/15</b>	<b>YES</b>
<b>Inquiry of Court of Continuing Jurisdiction for a Child*</b>	<b>VS-168</b>	<b>10/04</b>	<b>YES</b>
<b>Application to Amend Certificate of Birth *</b>	<b>VS-170</b>	<b>07/15</b>	<b>YES</b>
<b>Application to Amend Certificate of Death*</b>	<b>VS-172</b>	<b>07/15</b>	<b>YES</b>
Amendment to Medical Certification of Certificate of Death	VS-174	01/09	
<b>Application for Marriage License*</b>	<b>VS-180</b>	<b>06/15</b>	<b>YES</b>
<b>Declaration and Registration of Informal Marriage*</b>	<b>VS-180.1</b>	<b>06/15</b>	<b>YES</b>
<b>Application for Disinterment Permit and Consents*</b>	<b>VS-271</b>	<b>05/99</b>	<b>YES</b>
<b>Cemetery Consent Form*</b>	<b>VS-271.1</b>	<b>07/05</b>	<b>YES</b>
<b>Certificate of Birth Resulting in Stillborn Application*</b>	<b>VS-301</b>	<b>12/05</b>	<b>YES</b>
BVS Postage paid envelope (Large Only)			
25% White New Cotton 8 ½ x 11 – TER-Death			
Native Texan Heritage Heirloom Birth Certificate and Commemorative Wedding Anniversary Certificate Brochure			<b>YES</b>

\* Only these forms bolded and noted with an asterisks (\*) may be duplicated for use in your office \*

**MAKE COPIES OR DOWNLOAD THESE FORMS**

All Others Forms Must be Vital Statistics Originals

**Forms on the Website:**

<http://www.texasvsu.org>

# RESOURCES





## ACKNOWLEDGMENT OF PATERNITY BEST PRACTICES

1. Have detailed policies and procedures in place relating to the Acknowledgment of Paternity (AOP) process.
2. Birthing centers and hospitals have successful AOP programs when the birth certificate staff's management team:
  - evaluate staff performance related to the AOP process.
  - complete and review the Hospital AOP Report submitted to the OAG's Paternity Opportunity Program staff.
  - review the Hospital Paternity Acknowledgments Quarterly Report.
  - foster consistent and clear communication among the birth registrars, the nursing and case management staff.
  - participate in Paternity Opportunity Program monitoring visits.
3. Successful hospital-based AOP programs perform exceptionally well when:
  - birth registration is in the same area as the mother/child recovery unit.
  - staff have immediate access to Texas Electronic Vital Events Register (TxEVER).
  - birth registration staff have the resources they need (e.g. laptop, printer, cell phone, signature pad, access to a copy machine).
  - birth registration staff have access to and can receive updates from Paternity Opportunity Program staff via email.
  - parents have access to birth registration staff during after-hours or weekends.
4. Allocate sufficient staff time to complete the AOP process with parents. Staff often deal with language barriers and differing education levels. They must communicate clearly with parents in order to complete the AOP process, and that can take time.
5. Retain the Parent Survey, a transitory copy of their photo ID, AOP (TxEVER AOP and uploaded AOP) and copies of any rescission documents completed at your facility in accordance to your entity's record retention schedule.
6. Use documents and hand-outs provided in mandatory annual training sessions by Paternity Opportunity Program staff. Updated material may be found at: [www.texasattorneygeneral.gov/child-support/agency-partners/acknowledgement-paternity-aop-certified-entities](http://www.texasattorneygeneral.gov/child-support/agency-partners/acknowledgement-paternity-aop-certified-entities)
7. If after-hours coverage is not possible, consider providing parents with contact information for the hospital staff who are AOP-certified (e.g. hospital birth registrar). **Prompt follow-up for after-hours and weekend births ensures that parents receive AOP information as required by law.**
8. Offer parents information about paternity establishment during the prenatal period. Consider including AOP information (Form 1608):
  - in labor & delivery pre-registration packets, or
  - at prenatal clinics, prenatal appointments or birthing classes.



**REQUEST FOR  
PATERNITY OPPORTUNITY PROGRAM (POP) MATERIAL**

**ITEM**

**QUANTITY (max 500 per brochure)**

Request the exact number of each you need.

<p><b>PATERNITY CHILD SUPPORT &amp; YOU</b></p>	<p>English _____ Brochure(s) Spanish _____ Brochure(s)</p>
<p><b>FREQUENTLY ASKED QUESTIONS ABOUT CHILD SUPPORT</b></p>	<p>English _____ Brochure(s) Spanish _____ Brochure(s)</p>
<p><b>ACKNOWLEDGMENT OF PATERNITY VIDEO</b> <i>The benefits, rights, and responsibilities of a legal parent.</i> (bi-lingual; <u>FOR FACILITY USE ONLY</u>)</p>	<p>_____ DVD(s)  <b>Note:</b> This video may also be viewed on our website listed below.</p>
<p><b>The following forms are available through our website at <a href="http://www.texasattorneygeneral.gov">www.texasattorneygeneral.gov</a>, &gt; Child Support &gt; Agency Partners &gt; AOP Certified Entities &gt; Materials for Certified Entities</b></p> <ul style="list-style-type: none"> <li>• Absent Party Instructions (bilingual)</li> <li>• Benefits, Rights and Responsibilities (bilingual)</li> <li>• Incarcerated Parent Program (bilingual)</li> <li>• Information About Child Support for New Parents (bilingual)</li> <li>• Parent Survey on the Acknowledgment of Paternity (bilingual)</li> <li>• Voluntary Acknowledgment of Paternity Information Sheet Form 1608 (bilingual)</li> </ul> <p><b>If you are unable to access the internet, please contact your Paternity Outreach Coordinator to request the above forms.</b></p>	

**Mail To**

**ATTN:** \_\_\_\_\_

**FACILITY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY / ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**Note:** To request AOP, rescission or other Vital Statistics Services (VSS) forms, please complete and fax the *Requisition for Texas Vital Statistics Forms* (VS-100) to VSS at (512) 458-7506.

Revised: 2/2022



## Using DocuSign to Send Acknowledgement of Paternity (AOP) Forms

The following describes the steps needed to process AOPs using DocuSign. For any questions about AOP processes, policies, agency guidelines, etc., please refer to the AOP portal. This document is strictly a guide to the DocuSign functionality.

Please note that DocuSign works best in either Chrome or Firefox web browser.

### Step 1: Visit the AOP Portal to Access the Form Links






Log in to the AOP portal and go to the Forms folder to find the 6 form options.

<http://csoutreach.oag.texas.gov/aop/trainee/profilelink>

APPS HOME | LOG OUT

## AOP Profile - Marci Hadelers

You have completed the online recertification training and now can take the exam, or print your certificate.

 <b>Learn</b>	 <b>Exam</b>	 <b>Certificate</b>	 <b>Manual</b>	 <b>Forms</b>
View the AOP training module, and begin the online recertification training.	Click here to take the AOP Recertification Exam.	Download and print your AOP Certificate of Course Completion.	Download a copy of the current AOP Manual	Create and print an AOP and other forms

There are 6 available forms:

- AOP – Acknowledgement of Paternity With Presumed Father  
This form will be routed to all three parties to sign in DocuSign.
- AOP – Acknowledgement of Paternity Without Presumed Father  
This form will be routed to just the Mother and Father to sign in DocuSign.
- AOP – Partial Mother Acknowledgement of Paternity  
This form will be routed for only the Mother’s signature in DocuSign.



- AOP – Partial Father Acknowledgement of Paternity  
This form will be routed for only the Father’s signature in DocuSign.
- AOP – Partial Presumed Father Acknowledgement of Paternity  
This form will be routed for only the Presumed Father’s signature in DocuSign.
- AOP – ID Submission  
If you have not met the party or viewed their ID in another way, you may use this form for them to securely submit an image of their ID to you to verify their identity. Each ID Submission form goes to only 1 party for information security purposes.

## Step 2: AOP ID Submission – If you have not already received a copy of the ID

**You will send a separate envelope to each party in the AOP to have them submit a photo of their ID. The envelopes are separate so the parties will not receive copies of the other party’s ID.**

In the window that opens for the ID Submission template: enter the customer’s name and email address and your name and email address, then click Begin Signing. This sends a document with text in both English and Spanish asking the recipient to submit a photo of their ID. It also includes the AOP rights and responsibilities and child support information form for the customer.

**Repeat this step for the mother, father, and presumed father if applicable.**

You will receive back a completed email when the party completes their portion and will be able to click a link in the envelope to view the submitted ID.

**PowerForm Signer Information**

Fill in the name and email for each signing role listed below.  
Signers will receive an email inviting them to sign this document.  
Please enter your name and email to begin the signing process.

**Customer**

**Your Name: \***

**Your Email: \***

Please provide information for any other signers needed for this document.

**AOP Certified Initiator**

**Name:**

**Email:**

**BEGIN SIGNING**





### Step 3: Acknowledgement of Paternity

Once you have verified the identities of your parties, you can proceed with the AOP form itself.

From the AOP Portal Forms Page, click the link for the type of AOP form you need.

When the PowerForm opens, you will be prompted to enter name and email address for yourself, the mother, father, and presumed father (if applicable). You are the first signer because you will pre-fill form information. You will also be the last signer, in order to approve and enter the entity code. Enter the recipients then click Begin Signing.

Next DocuSign will send you an email to fill in your portion of the form. Click the link in your email to open the AOP form and begin filling your portion.



**PLEASE NOTE: YOU WILL NOT BE ABLE TO MAKE CORRECTIONS. IF THERE IS A MISTAKE IN THE FORM YOU SEND TO THE PARTIES FOR SIGNATURE, YOU WILL HAVE TO START OVER WITH A NEW FORM.**

You will fill in fields for the name, address, DOB info for each of the parties and the child; and answer the genetic testing question on the first page.

**Please make sure you enter their first and last name as it appears on their ID.**

Please review the documents below. FINISH OTHER ACTIONS ▾

**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 this completed document.

We declare under penalty of perjury that John  Smith  
Biological Father's first middle last name

is the biological father of     
Child's first middle last name

born on // in     
m m d d y y y y city county state

to Jane  Doe  
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 alternative to signing this Acknowledgment.
- No other Acknowledgment of Paternity form naming another man as the biological father of this child has been filed.
- 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.

**Fill one circle by the correct statement from EACH of the following:**

<input type="radio"/> There <b>has not</b> been genetic testing of the man listed above to determine if he is the biological father of this child.	<b>OR</b>	<input type="radio"/> Genetic testing <b>has</b> determined that the man listed above is the biological father of this child.
<input type="radio"/> The mother <b>was not</b> 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 there is a court order that states that the man the mother was married to is not the father of the child, and during the first two years of the child's life, no man continuously lived with the child and represented the child as his own.	<b>OR</b>	<input checked="" type="radio"/> The mother <b>was</b> married to someone other than the biological father at the time of the child's birth or during the 300 days before the child's birth or during the first two years of the child's life, a man continuously lived with the child and represented the child as his own, and that man has completed the Denial of Paternity below or has a Denial of Paternity filed with the Vital Statistics Unit.

Full Signature of Biological Father date Full Signature of Mother date

---

**Denial of Paternity** (only required if "mother **was** married to someone other than the biological father or if, during the child's first two years of life, a man continuously lived with the child and represented the child as his own" is checked.)

We declare under penalty of perjury that Jimmy  Johns  
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

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

Entity Code:     8311

Texas Department of State Health Services  
Vital Statistics Unit  
VS-159 (M) Revised 9/2011

1 of 2

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Next scroll down to the survey page to enter the type of ID provided by each party. Then click Finish. Once you finish, email notifications will go to the parties involved to sign their portion and fill in the survey question initials. The parties will receive automatic reminder emails every 5 days until they finish.

The parties will receive a form where they cannot edit information, they can only sign. On the survey page, they can select English or Spanish.

When all parties have completed, you will receive an email notification to sign and enter the final information and signatures. On the area for the certified staff signature, if there is a language section that was not used by any of the parties, you can check the checkbox instead of signing that area.

Then download the completed document PDF and proceed with AOP processing.

#### Step 4: Upload to TxEVER

Make sure that you extract only the first page of the AOP from the DocuSign forms and save as a "Tiff". You will then need to upload into TxEVER prior to filing the birth certificate.

**Any questions please contact your local OAG - Child Support Division POP.**

Hospital Name \_\_\_\_\_ Month \_\_\_\_\_

Hospital AOP Report

		Mark reason AOP is not done											
		Y or N		Father No Show				Spouse Not Father		DNA Test	No ID	Clerk Initials	Comments
Date of Birth	Baby MR#	Last Name	Mother Married	AOP Signed	Mother Declined	Father Declined	Father No Show	Father Not Available	Spouse Not Father	DNA Test	No ID	Clerk Initials	Comments

# HEALTH & SAFETY CODE

## ATTACHMENT 1

### **Sec.192.003. BIRTH CERTIFICATE FILED OR BIRTH REPORTED**

- (a) The physician, midwife, or person acting as a midwife in attendance at a birth shall file the birth certificate with the local registrar of the registration district in which the birth occurs.
- (b) If a birth occurs in a hospital or birthing center, the hospital administrator, the birthing center administrator, or a designee of the appropriate administrator may file the birth certificate in lieu of a person listed by Subsection (a).
- (c) If there is no physician, midwife, or person acting as a midwife in attendance at a birth and if the birth does not occur in a hospital or birthing center, the following in the order listed shall report the birth to the local registrar:
  - (1) the father or mother of the child; or
  - (2) the owner or householder of the premises where the birth occurs.
- (d) Except as provided by Subsection (e), a person required to file a birth certificate or report a birth shall file the certificate or make the report not later than the fifth day after the date of the birth.
- (e) Based on a parent's religious beliefs, a parent may request that a person required to file a birth certificate or report a birth delay filing the certificate or making the report until the parent contacts the person with the child's name. If a parent does not name the child before the fifth day after the date of the birth due to the parent's religious beliefs, the parent must contact the person required to file the birth certificate or report the birth with the name of the child as soon as the child is named. A person required to file the birth certificate or report the birth who delays filing the certificate or making the report in accordance with the parent's request shall file the certificate or make the report not later than the 15th day after the date of the child's birth.

Acts 1989, 71st Leg., ch. 678, § 1, eff. Sept. 1, 1989. Amended by Acts 1993, 73rd Leg., ch. 30, § 1, eff. Sept. 1, 1993; Acts 1993, 73rd Leg., ch. 519, § 1, eff. Sept. 1, 1993; Acts 1995, 74th Leg., ch. 76, § 17.01(21), eff. Sept. 1, 1995; Acts 1995, 74th Leg., ch. 751, § 124, eff. Sept. 1, 1995; Acts 1999, 76th Leg., ch. 556, § 81, eff. Sept. 1, 1999.

Amended by: Acts 2005, 79th Leg., Ch. [68](#), § 1, eff. May 17, 2005.

### **Sec. 192.012. RECORD OF ACKNOWLEDGMENT OF PATERNITY.**

- (a) If the mother of a child is not married to the father of the child, a person listed in Section 192.003 who is responsible for filing the birth certificate shall:
  - (1) provide an opportunity for the child's mother and putative father to sign an acknowledgment of paternity as provided by Subchapter C, Chapter 160, Family Code; and
  - (2) provide oral and written information to the child's mother and putative father about:
    - (A) establishing paternity, including an explanation of the rights and responsibilities that result from acknowledging paternity; and
    - (B) the availability of child support services.
- (b) The local registrar shall transmit the acknowledgment of paternity to the state registrar.
- (c) The state registrar shall record the information contained in the acknowledgment of paternity and transmit the information to the Title IV-D agency.
- (d) The Title IV-D agency may use the information contained in the acknowledgment of paternity for any purpose directly connected with providing child support services under Chapter 231, Family Code.

Added by Acts 1999, 76th Leg., ch. 556, § 72, eff. Sept. 1, 1999.

# Texas Administrative Code

**TITLE 1** ADMINISTRATION

**PART 3** OFFICE OF THE ATTORNEY GENERAL

**CHAPTER 55** CHILD SUPPORT ENFORCEMENT

**SUBCHAPTER J** VOLUNTARY PATERNITY ACKNOWLEDGMENT PROCESS

## Rules

<u>§55.401</u>	Scope
<u>§55.402</u>	Definitions
<u>§55.403</u>	Forms
<u>§55.404</u>	Voluntarily Acknowledging Paternity
<u>§55.405</u>	Denial of Paternity Form
<u>§55.406</u>	Entities Providing Paternity Establishment Services
<u>§55.407</u>	Certification
<u>§55.408</u>	Parent Survey
<u>§55.409</u>	Rescinding Acknowledgment or Denial

### **RULE §55.401**

### **Scope**

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Fathers and mothers who wish to voluntarily establish paternity for their child or rescind a previously executed Acknowledgment of Paternity or Denial of Paternity may do so through any local child support office of the Office of the Attorney General, Child Support Division; the Texas Department of State Health Services, Vital Statistics Unit; a local birthing hospital or birthing center; or any entity certified by the Office of the Attorney General to provide such services. The Acknowledgment of Paternity must be executed according to the rules contained herein and under the Texas Family Code, Chapter 160, Subchapter D, Voluntary Acknowledgment of Paternity. Entities that are required by law to provide paternity establishment services and entities that voluntarily elect to provide paternity establishment services must abide by the rules of this subchapter.

### **RULE §55.402**

### **Definitions**

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The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicates otherwise.

(1) Acknowledgment of Paternity form--An agreement affirming parentage for a child signed by both the man claiming to be the biological father and the mother, that is executed on a form prescribed by the Texas Department of State Health Services, Vital Statistics Unit. The mother

and the father may sign separate acknowledgments before or after the birth of the child.

(2) Denial of Paternity form--A statement executed by a presumed father denying parentage of the child of whom he is presumed to be the father, on a form prescribed by the Texas Department of State Health Services, Vital Statistics Unit.

(3) Rescission of Acknowledgment of Paternity form--A statement executed by a signatory rescinding an Acknowledgment of Paternity or Denial of Paternity, on a form prescribed by the Texas Department of State Health Services, Vital Statistics Unit.

(4) Certified entity--An agency, organization, or individual that is certified by the Office of the Attorney General to perform voluntary paternity establishment services. The certified entity must comply with all rules established for such certification.

(5) Presumed father--A man who is legally assumed to be the father of a child because he meets the criteria found under Texas Family Code §160.204.

(6) Parent Survey on the Acknowledgment of Paternity--A form promulgated by the Office of the Attorney General to assist parents and the certified entity in the completion of the Acknowledgment of Paternity.

### **RULE §55.403**

### **Forms**

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The certified entities offering voluntary paternity establishment services may obtain the prescribed Acknowledgment of Paternity and Denial of Paternity forms and the Rescission of the Acknowledgment of Paternity forms by contacting the Texas Department of State Health Services, Vital Statistics Unit.

### **RULE §55.404      Voluntarily Acknowledging Paternity**

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(a) A man claiming to be the biological father and the mother may establish paternity before or after the birth of their child by voluntarily acknowledging paternity through a certified entity providing such services. The mother and father must read the Acknowledgment of Paternity form. In addition, both must listen to or view a video presentation of the rights and responsibilities of a parent, and alternatives to and legal consequences of acknowledging or denying paternity. Both the mother and father, separately or together, must then complete an Acknowledgment of Paternity form with the assistance of the certified entity.

(b) Both mother and father must present to the certified entity a valid driver license or another document (preferably a photo I.D.) to verify identity.

(c) The certified entity is responsible for filing the Acknowledgment of Paternity form with the Texas Department of State Health Services, Vital Statistics Unit, and providing all signatories with a copy of the form.

(d) The Office of the Attorney General shall designate staff who are certified entities to assist any party who is outside the state of Texas or is incarcerated in Texas and is unable to complete an acknowledgment of paternity in person with a certified entity. Certified entities should seek the assistance of the Office of the Attorney General for completion of such acknowledgments of paternity.

**RULE §55.405****Denial of Paternity Form**

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If the mother declares in the Acknowledgment of Paternity form that there is a presumed father of the child, the acknowledgment must be accompanied by a Denial of Paternity form signed by the mother and the presumed father, unless the presumed father is the man who is acknowledging paternity. The Denial of Paternity is signed using the same procedures as the Acknowledgment of Paternity outlined in §55.404 of this title. The Acknowledgment of Paternity form and the Denial of Paternity form may be filed with the Texas Department of State Health Services, Vital Statistics Unit separately or simultaneously. If the acknowledgment and denial are both necessary, neither document is valid until both documents are filed.

**RULE §55.406 Entities Providing Paternity Establishment Services**

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(a) The following entities must provide voluntary paternity establishment services after being certified by the Office of the Attorney General:

- (1) all public and private birthing hospitals;
- (2) all birthing centers;
- (3) the Texas Department of State Health Services, Vital Statistics Unit; and
- (4) a registered nurse working in a partnership program funded through the nurse-family partnership competitive grant program under Chapter 531, Subchapter M, Texas Government Code.

(b) The following entities may provide voluntary paternity establishment services at their option, but only after being certified by the Office of the Attorney General:

- (1) local birth registrars;
- (2) public health clinics;
- (3) private health care providers;
- (4) certified nurse midwives;
- (5) licensed midwives;
- (6) agencies providing assistance or services under Title IV, Part A of the Social Security Act, agencies providing food stamp eligibility service, and agencies providing child support enforcement (IV-D) services;
- (7) Head Start, child care facilities, and individual child care providers;
- (8) community action agencies and community action programs;
- (9) secondary education schools;
- (10) legal aid agencies;
- (11) private attorneys;
- (12) any public or private health, welfare or social services organization; and
- (13) an individual with a role in birthing, birth records, healthcare services, social services or legal services who can demonstrate to the satisfaction of the Office of the Attorney General that they have specialized training, relevant experience or other factors appropriate to become a certified entity.



**RULE §55.407****Certification**

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All birthing hospitals, all birthing centers, the Texas Department of State Health Services, Vital Statistics Unit, a registered nurse working in a partnership program funded through the nurse-family partnership competitive grant program, and each certified entity must have staff who:

- (1) provide the mother and father the opportunity to voluntarily acknowledge paternity;
- (2) provide the mother and father an opportunity to speak, either by telephone or in person, with staff who are trained to clarify information and answer questions about paternity establishment;
- (3) receive training from the Office of the Attorney General at least once yearly on the requirements for voluntarily establishing paternity. (The training is not to exceed eight (8) hours at locations throughout the state established by the Office of the Attorney General and the Texas Department of State Health Services, Vital Statistics Unit.)
- (4) use only the Acknowledgment of Paternity and Denial of Paternity forms and Rescission of Acknowledgment of Paternity forms promulgated by the Texas Department of State Health Services, Vital Statistics Unit.
- (5) use the brochures and training manuals, including the oral and written information, provided by the Office of the Attorney General and the Texas Department of State Health Services, Vital Statistics Unit.
- (6) are periodically evaluated by the Office of the Attorney General.

**RULE §55.408****Parent Survey**

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- (a) Each certified entity must provide the parents (and presumed father, if applicable,) with the opportunity to complete and sign the Parent Survey if the parent was provided the opportunity to voluntarily acknowledge paternity. The Parent Survey on the Acknowledgment of Paternity (AOP) may be found at: <http://www.oag.state.tx.us/cs/forms/1798patsurvey.pdf>.
- (b) If the parents or presumed father do not wish to complete the survey, the certified entity must note this on the form.
- (c) The certified entity must retain the parent survey in its files.

**RULE §55.409      Rescinding Acknowledgment or Denial**

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Any signatory to an Acknowledgment of Paternity or Denial of Paternity may rescind an acknowledgment or denial through a certified entity providing such services. The rescinding party must:

- (1) Complete a Rescission of Acknowledgment of Paternity form.
- (2) Mail copies of the Rescission of Acknowledgment of Paternity form by certified or registered mail to all people who signed the original Acknowledgment of Paternity or Denial of Paternity and the Attorney General's Office, if required.
- (3) Submit to Texas Department of State Health Services, Vital Statistics Unit:
  - (A) the original Rescission of Acknowledgment of Paternity form; and
  - (B) the original proof of mailing of the copies.
- (4) Submissions to the Texas Department of State Health Services, Vital Statistics Unit must be made by the date a proceeding related to the child is initiated or the 60th day after the effective date of the acknowledgment, whichever comes earlier.



