



AFFIDAVIT OF PARENTAGE
Michigan Department of Health and Human Services
Division for Vital Records and Health Statistics

**THIS FORM BECOMES FULLY EFFECTIVE UPON FILING
WITH THE STATE DIVISION OF VITAL RECORDS**

State File Number (For Official Use Only)

AOP Number

Date of Filing

CHILD'S NAME AND INFORMATION AS IT CURRENTLY APPEARS ON THE BIRTH RECORD

First Name	Middle Name	Last Name	Suffix
Hospital Name or Street Address		City, County, State	Date of Birth (MM/DD/YYYY)

CHILD'S NAME AS IT IS TO APPEAR ON THE BIRTH RECORD

First Name	Middle Name	Last Name	Suffix
------------	-------------	-----------	--------

ACKNOWLEDGING PARENT'S/FATHER'S INFORMATION

First Name	Middle Name
Last Name	
Suffix	
Date of Birth (MM/DD/YYYY)	State of Birth (If Not U.S., Then Country)
Social Security Number	
Current Address (Street, Apartment Number, City, State, Zip)	

BIRTH PARENT'S/MOTHER'S INFORMATION

First Name	Middle Name
Last Name	
Suffix	
Date of Birth (MM/DD/YYYY)	State of Birth (If Not U.S., Then Country)
Social Security Number	
Current Address (Street, Apartment Number, City, State, Zip)	

Check one of the two boxes below. Do not check more than one.

☐	We affirm that the man will be considered the natural father of this child. We affirm that the mother was not married at the time this child was born or conceived, or she was married but a court of law has determined that the child is not an issue of the marriage. The child was not born subject to a surrogacy agreement or by assisted reproduction.
☐	We affirm that the child was conceived by assisted reproduction, not involving surrogacy. We understand that the acknowledging parent will be considered the natural parent of this child. We affirm that at the time of conception or birth, we were (check one) ☐ married ☐ unmarried

In signing this form, we understand that:

- a. This is a legal document, and completion of this form is voluntary.

b. Either parent may ask a court for parenting time or custody.

c. Both parents have a right to notice and a hearing regarding the adoption of the child.

d. Both parents must support the child and comply with a court or administrative order for the child's support.

e. We waive the following:

 1. Blood or genetic tests to determine if the individual is the biological parent of the child.
 2. Any right to an attorney, including the Prosecuting Attorney or a court-appointed attorney, to represent either party in a court action to determine if the individual is the biological parent of the child.
 3. A trial to determine if the individual is the biological parent of the child.

f. For a child not conceived by assisted reproduction, the mother has initial custody of the child, without prejudice to either parent's custodial rights, until otherwise determined by the court or agreed upon by the parties in writing and acknowledged by the court. This grant of initial custody does not, by itself, affect the rights of either parent in a proceeding to seek a court order for custody or parenting time.

g. To revoke the Affidavit of Parentage for a child not conceived through assisted reproduction, an individual must file a claim as provided under the Revocation of Parentage Act (Michigan Compiled Law [MCL] 722.1437).

ACKNOWLEDGING PARENT'S/FATHER'S SIGNATURE

I affirm that the above information is true and correct to the best of my knowledge.	
Signature	Date

BIRTH PARENT'S/MOTHER'S SIGNATURE

I affirm that the above information is true and correct to the best of my knowledge.	
Signature	Date

NOTARY OR QUALIFIED WITNESS SECTION – For Official Use Only (See Page 2 for instructions and a list of qualified witnesses.)

NOTARY OR QUALIFIED WITNESS FOR ACKNOWLEDGING PARENT/FATHER

Notary Public, State of _____ County of _____		Signed and Sworn Before Me on (Date)
Acting in the County of _____	Commission Expiration Date _____	
Signature of Notary or Qualified Witness		
Printed Name of Notary or Qualified Witness		
Qualified Witness Place and Address of Employment		

NOTARY OR QUALIFIED WITNESS FOR BIRTH PARENT/MOTHER

Notary Public, State of _____ County of _____		Signed and Sworn Before Me on (Date)
Acting in the County of _____	Commission Expiration Date _____	
Signature of Notary or Qualified Witness		
Printed Name of Notary or Qualified Witness		
Qualified Witness Place and Address of Employment		

AFFIDAVIT OF PARENTAGE INSTRUCTIONS

Purpose of This Form	To voluntarily establish the parentage of a child after the child's birth. This form may be completed at the time of the child's birth or at any other time after the birth.
Who May Use This Form	A. If the child was born out of wedlock and not conceived by assisted reproduction or under a surrogacy agreement, then the mother and a man may use this form. B. If the child was conceived by assisted reproduction not involving surrogacy, then the following individuals may use this form: 1. An unmarried individual who gave birth to the child and an individual who intends to be a parent of the child. 2. A married individual who gave birth to the child and that individual's spouse who intends to be a parent of the child.
Legal Parentage Is Established	According to MCL 722.1004, the rights and duties of the acknowledging parent are fully established when this form is filed with the State Division of Vital Records. When filed, this form is the same as a court order of parentage. This form may be the basis for child support, custody, or parenting time.
Establishing Parentage at the Hospital	If you complete this form at the hospital when the child is born, hospital staff will prepare and file it. The birth certificate will include both parents' names with no need for a separate application or fee.
Establishing Parentage After Leaving the Hospital	If you complete this form after you leave the hospital, both parents must sign it in the presence of a qualified witness or Notary Public. You must file this form by mailing the original to the State Division of Vital Records.
Proper Completion of This Form and Notary/Witness Instructions	Proper completion of this form is very important. Forms that are not properly completed will not be accepted for filing. Photocopies will not be accepted for filing. The form must be: • Typed or printed legibly in blue or black ink. Do not cross out information or use white-out. • Completed with the following minimum information: the full names of the child and both parents; the date and place of the child's birth; the date of birth for both parents; and the address of each parent. • Signed by both parents in the presence of a Notary Public or a qualified witness. The parents may sign the form at different times and places, but each signature must be notarized or witnessed, and signatures must be on the same form. The Notary/witness must verify the identity of both parents by checking their identification. Examples of identification include a driver's license, passport, or state-issued identification. Notary or qualified witness signatures and information are required below each parent's signature.
Who Can Serve as a Qualified Witness	A qualified witness is an employee of a hospital, publicly funded or licensed health clinic, pediatric office, Friend of the Court office, Prosecuting Attorney office, court, Michigan Department of Health and Human Services, county health agency, county records department, Head Start program, local social services provider, county jail, or state prison.
Mailing Address	To file this form with the State Division of Vital Records, mail the original form, not a photocopy, to: MDHHS – Vital Records CPR, PO Box 30691, Lansing, MI 48909
Fee Information	There is no fee for using this form or filing it with the State Division of Vital Records. There may be a fee if you want to change the birth certificate. See the information about birth certificates below.
Certified Copies of This Form and Changes to the Birth Certificate	After this form is filed, eligible applicants can request certified copies of the form. There is an application process and a fee for certified copies. To add a second parent's name to the original birth certificate, complete a State of Michigan Add a Parent Application. Mail it along with this form, a copy of your identification, and the required fee to the address on the Add a Parent Application. For information on obtaining a certified copy of this form, making changes to the birth certificate, or details regarding fees and applications, visit www.michigan.gov/Vitalrecords or call Vital Records Customer Service at 517-335-8666.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.