

PURPOSE

This Paternity Acknowledgment Affidavit, when completed properly, establishes the father and child relationship when the father is not married to the child's mother. It creates certain legal rights and responsibilities for the mother, father and child. By signing this document, the parents are establishing the right of the child to certain benefits including:

- ◆ Two parents with whom the child can establish an emotional relationship.
- ◆ Two parents who share a legal duty to financially support the child.
- ◆ Two parents whose names will appear on the child's birth certificate.
- ◆ It will be easier for the child to access both parents' medical histories.
- ◆ It will be easier for the child to benefit from any health insurance, social security, or inheritance from the father.

RIGHTS AND RESPONSIBILITIES

1. I understand that I am not required to sign the Paternity Acknowledgment.
2. I understand that I should not sign the Paternity Acknowledgment unless I am confident that I am the biological father of the child.
3. I understand that I have the right to a genetic test to prove that I am the father of the child.
4. I understand that I have the right to a court hearing on the issue of paternity.
5. I understand that I have the right to an attorney to represent me at my own expense.
6. I understand that by signing the Paternity Acknowledgment, it will be presumed by law that I am the father of the child and the child's birth certificate will be issued/amended to reflect this fact. I understand that I may rescind my acknowledgment within sixty (60) days of the date of the signature on the paternity acknowledgment form. Furthermore, I understand that if I decide to rescind, that rescission will not cause or allow an amendment to the birth certificate. In order to have the father's name removed, a determination of paternity must be made by a court of competent jurisdiction or an administrative agency pursuant to SC Code Ann. Sections 63-17-10 and 63-17-40 which directs DHEC to amend the birth record. A certified copy of the order determining paternity and directing DHEC to amend the birth certificate must be provided to DHEC in order for any amendments to be processed. Any rescission made after sixty (60) days must be made in accordance with SC Code Ann. Section 63-17-50. I also by signing this document acknowledge that I have read or have had read to me and understand my rights and responsibilities as outlined on the document provided to me.
7. I understand that by signing the Paternity Acknowledgment, my name will be entered on the birth certificate as the father of the child.
8. I understand that by signing the Paternity Acknowledgment, I have the right to notice of an adoption proceeding.
9. I understand that by signing the Paternity Acknowledgment, I am accepting the responsibility to provide child support and medical insurance until the child is eighteen (18) years of age, or beyond in some circumstances.
10. I understand that by signing the Paternity Acknowledgment, I am attesting to the fact that I understand all of my rights and responsibilities, and that no pressure is or has been placed upon me to sign the Paternity Acknowledgment.

FILING INSTRUCTIONS

The Paternity Acknowledgment, once signed in the presence of a notary public at the hospital, will be forwarded to the South Carolina Department of Health and Environmental Control, Division of Vital Records, 2600 Bull Street, Columbia, South Carolina, 29201. If both parents do not sign a Paternity Acknowledgment before leaving the hospital or birthing facility, only the mother's and child's name will be entered on the certificate of birth. The Paternity Acknowledgment may be signed at a later date, at which time the certificate of birth will be amended to enter the name of the father. The Paternity Acknowledgment may be executed at any Region Vital Records office or at the state Vital Records office of the South Carolina Department of Health and Environmental Control. Trained staff are available to explain your rights and responsibilities and to answer your questions.



Voluntary Paternity Acknowledgment

Certificate No. _____

Pursuant to Section 44-63-165 of the Code of Laws of South Carolina, 1976, as amended, I hereby affirm that

_____ is the father of the child born on _____,
(first) (middle) (last) (suffix) (month) (day) (year)
in _____, South Carolina, to _____
(city, county) (mother's full name prior to first marriage)

It is desired to have the father's name entered on the birth certificate and that the child be named

_____.
(first) (middle) (last) (suffix)

Mother's Date of Birth: _____
(month) (day) (year)

Father's Date of Birth: _____
(month) (day) (year)

Mother's Place of Birth: _____
(state or foreign country)

Father's Place of Birth: _____
(state or foreign country)

Father's Social Security #: _____

Father's Race: _____

Father's Employer: _____

Employer's Address: _____

I understand that by signing the Paternity Acknowledgment, it will be presumed by law that I am the father of the child and the child's birth certificate will be amended to reflect this fact. I understand that I may rescind my acknowledgment within sixty (60) days of the date of the signature on the paternity acknowledgment form. Furthermore, I understand that if I decide to rescind, that rescission will not cause or allow an amendment to the birth certificate. In order to have the father's name removed, a determination of paternity must be made by a court of competent jurisdiction or an administrative agency pursuant to SC Code Ann. Sections 63-17-10 and 63-17-40 which directs DHEC to amend the birth certificate. A certified copy of the order determining paternity and directing DHEC to amend the birth certificate must be provided to DHEC in order for any amendments to be processed. Any rescission made after sixty (60) days must be made in accordance with SC Code Ann. Section 63-17-50. I also understand that by signing this document that I have read or have had read to me and I understand my rights and responsibilities as outlined on the document provided to me.

(Signature of Mother)

(Signature of Father)

(Address of Mother)

(Address of Father)

I certify that prior to signing this Paternity Acknowledgment, the provisions of the Acknowledgment were discussed with the person acknowledging paternity and that based upon this discussion, it is my opinion that this Acknowledgment is being given voluntarily and was not obtained under duress or through coercion.

Witness _____ Date _____

SWORN to and subscribed to before me this _____ day of _____, _____
(Signature of Notary Public) (SEAL)

SWORN to and subscribed to before me this _____ day of _____, _____
(Signature of Notary Public) (SEAL)

For State of _____

For State of _____

My Commission expires: _____

My Commission expires: _____

Identification presented by mother: _____

Identification presented by father: _____

(Source) _____ (Number) _____

(Source) _____ (Number) _____

Require photo identification of both parents when obtaining signatures and enter source and document number. Both parents must consent to adding the name of the father and agree upon the full name of the child.

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE (For Vital Records Use Only)

Other Items To Be Corrected

Item Omitted or In Error	Birth Certificate Shows	Should Be
1.		
2.		
3.		

Name of Document Supporting Correction of Item in the Corresponding Number Above	Place Where Document is Filed	Date Document was Filed
1.		
2.		
3.		

Information Stated in Document of Corresponding Number Above

1.
2.
3.

I certify that I have examined the documents referred to above, and they show no changes or erasures and appear to be authentic.

Evidence Reviewed by: _____

Date _____

TO BE COMPLETED WHEN FATHER ACKNOWLEDGES PATERNITY PRIOR TO THE BIRTH OF THE CHILD (All information concerning the father on the front of this form including his notarized signature must also be completed at the time the affidavit below is executed.)

I, _____, having acknowledged paternity prior to

(first, middle, surname of father)

the birth of the child to be born to _____ on

(first, middle, maiden name of mother)

or about _____, do consent for the child's surname

(expected date of birth)

to be _____, further that the designation of the child's given name at the

time of birth be considered as mutually agreed upon by me and the mother.

(Signature of Father)

I certify that prior to signing this Paternity Acknowledgment, the provisions of the Acknowledgment were discussed with the person acknowledging paternity and that based upon this discussion, it is my opinion that this Acknowledgment is being given voluntarily and was not obtained under duress or through coercion.

Witness _____ Date _____

SWORN to and subscribed to before me this _____ day of _____.

(Notary Public) (SEAL)

For State of _____ My Commission expires: _____

TO BE COMPLETED IF SIGNATORY **RESCINDS** PATERNITY WITHIN SIXTY (60) DAYS OF A SIGNED PATERNITY ACKNOWLEDGMENT AFFIDAVIT:

I, _____, (Father/Mother) having previously acknowledged

(Name of person rescinding)

(circle one)

paternity of _____ born on

(Name of child)

_____ to _____

(Child's date of birth)

(Full maiden name of mother)

do now hereby rescind my voluntary acknowledgment which was signed and notarized on _____

(Date of paternity acknowledgement)

(Signature of rescinder)

(Signature of rescinder)

(Date rescission signed)

(Date rescission signed)

(*Identification presented by rescinder)

(*Identification presented by rescinder)

SWORN to and subscribed to me this _____ day of _____.

(SEAL)

(Signature of Notary Public)

State of South Carolina
My Commission Expires: _____

*Photo identification is required when obtaining signature(s). The source and identifying number must be recorded to validate revocation. Consent from second (2nd) signatory is NOT REQUIRED.