

Acknowledgment of Parentage

Please type or print clearly.

Child	1. Child's Name (First, Middle, Last, Suffix)		2. Date of Birth (mm/dd/yyyy)	
	3. City or Town, County and State of Birth			
Birth Parent	4. Parent's Current Legal Name (First, Middle, Last, Suffix)		5. Social Security Number	
	6. Date of Birth (mm/dd/yyyy)		7. Birthplace (State, Territory or Foreign Country)	
	8. Mailing Address (Street and Number, City/Town, State, Zip Code)			
Parent	9. Parent's Current Legal Name (First, Middle, Last, Suffix)		10. Social Security Number	
	11. Date of Birth (mm/dd/yyyy)		12. Birthplace (State, Territory or Foreign Country)	
	13. Mailing Address (Street and Number, City/Town, State, Zip Code)			
I have read and understand the statements contained in the Acknowledgment of Parentage (AOP). I declare the information is correct to the best of my knowledge and belief. I am signing this AOP without being subject to force, threats or coercion of any kind.				
Signature of Birth Parent			Date Signed (mm/dd/yyyy)	
Signature of Parent			Date Signed (mm/dd/yyyy)	
Signature of Witness			Date Signed (mm/dd/yyyy)	

Vital Records Office Use Only

Date Received: _____

Acknowledgment of Parentage (continued)

Please type or print clearly.

Child's Name (First, Middle, Last, Suffix)		Date of Birth (mm/dd/yyyy)
Statements of Acknowledgment		
Parent Initials	Parent Initials	
		We understand we have the right to talk with an attorney together or separately before signing this form.
		We understand once we have signed this acknowledgment, we will be legally responsible for financially supporting this child. Once we both acknowledge parental rights either of us or the Office of Child Support may file a petition to establish a child support order with the Family Division of Superior Court.
		We understand that this acknowledgment is the equivalent of a court determination of parentage of this child and that a challenge to the acknowledgment is permitted only under limited circumstances.
		We understand that we may rescind this acknowledgment by filing a Rescission form with the Vital Records Office in the Vermont Department of Health within 60 days after the Acknowledgment form has been filed and accepted.
		We understand that after 60 days of filing the acknowledgment and a denial of parentage, if applicable, with the Health Department's Vital Records Office, we must obtain a court determination to rescind or challenge the acknowledgment or denial in order to remove or add a parent.
Parents must check one of the two boxes in the below statements in addition to initialing below.		
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> We acknowledge that the child subject to this AOP does <u>not</u> already have a presumed, acknowledged, intended or adjudicated parent. </div> <div style="margin-top: 10px;"> OR </div> <div style="margin-left: 10px;"> <input type="checkbox"/> We acknowledge that the child subject to this AOP already <u>has</u> a presumed parent and does not have another acknowledged or adjudicated parent. It is understood that a Denial of Parentage form from the presumed parent is required in order for this AOP to be valid. </div> </div> <div style="margin-top: 10px;"> The full name of the presumed parent is: _____ </div>		
		We have read and understand the instructions provided. We understand the legal consequences of and the rights and responsibilities that arise from signing the acknowledgment.

Acknowledgment of Parentage Notes and Instructions

Each parent should carefully read all notes and instructions before completing and signing the Acknowledgment of Parentage (AOP) form.

Establishment of parentage means the establishment of a parent-child relationship. The AOP shall be signed by the parent who gives birth to a child and a parent not her spouse, claiming to be the parent of the child seeking to establish parentage.

1. Single Parent

When a proper AOP is received by the Health Department's Vital Records Office the parent will be added to the child's Certificate of Live Birth.

- a. The signatories understand that an acknowledgment of parentage is the equivalent of a court determination of parentage of the child and that a challenge to the acknowledgment is permitted only under limited circumstances and is barred after two years except in certain circumstances.

2. Parent Who Is or Was Formerly Married

When a parent is or was married within 300 days of the birth of the child, the name of the spouse shall be entered on the Certificate of Live Birth, including situations when:

- a. The spouse may not be the genetic parent.
- b. The parent has been separated (legally or otherwise) from the spouse, regardless of the period of the separation.
- c. The parent was legally married and the child is born within 300 days after the termination of the marriage.

3. Denial of Parentage

If a married or formerly married parent claims that their spouse or ex-spouse is not the parent of the child and the parent would like to acknowledge parentage, the spouse may complete a Denial of Parentage (DOP). At that time, the parent and spouse or ex-spouse must submit an AOP along with the DOP. The AOP and DOP may be filed separately or simultaneously, but neither is valid unless both are filed with the Health Department's Vital Records Office.

4. Legal Citations: 15CV.S.A., chapters 1, 3, and 4

- "Acknowledged parent" means a person who has established a parent-child relationship by filing the AOP with the Health Department's Vital Records Office.
- "Adjudicated parent" means a person who has been adjudicated by a court of competent jurisdiction to be the parent of the child.
- "Intended parent" means a person, whether married or unmarried, who manifests the intent to be legally bound as a parent of a child resulting from assisted reproduction or a gestational carrier agreement.

- “Presumed parent” means a person who is recognized as the parent of the child until that status is rebutted or confirmed in a judicial proceeding. A person is presumed to be the parent of a child if:
 - a. The person and the person who gave birth to the child are married to each other and the child is born during the marriage; or
 - b. The person and the person giving birth to the child were married to each other and the child is born within 300 days after the marriage is terminated by death, annulment, divorce, dissolution or declaration of invalidity; or
 - c. The person and the person who gave birth to the child were married to each other after the birth of the child and the person at any time asserted parentage of the child and the person agreed to be and is named as a parent of the child on the birth certificate of the child; or
 - d. The person resided in the same household with the child for the first two years of the life of the child, including periods of temporary absence, and the person and another parent of the child openly held out the child as the person’s child.

5. Instructions for Parents for the Completion of the AOP:

- ☐ Each parent must sign in the presence of a witness and the witness must sign on page 1.
- ☐ Each parent must initial and select the appropriate statements of acknowledgment on page 2.
- ☐ The completed Acknowledgment of Parentage form and statements (pages 1 AND 2) must be submitted to the Health Department’s Vital Records Office at the mailing address provided below:

Vital Records Office
 Vermont Department of Health
 108 Cherry Street, PO Box 70
 Burlington, VT 05402-0070

If you need help understanding your rights and responsibilities as parents and the alternatives to, and consequences of, signing this form, call the Vermont Office of Child Support: 1-800-786-3214.