NOTES AND INSTRUCTIONS

Each parent should carefully read all notes and instructions before parents complete and sign Acknowledgment of Paternity Statement (AOP).

Establishment of paternity means the establishment of the parent-child relationship. This Acknowledgment of Paternity (AOP) shall be signed under penalty of perjury by the mother and by the man seeking to establish paternity.

- SINGLE MOTHER: When a proper AOP is received by the State Registrar, the father will be added to the child's Certificate of Birth.
 - a. The signatories understand that an acknowledgment of paternity is the equivalent of a judicial adjudication of paternity of this child and that a challenge to the acknowledgement is permitted only under limited circumstances and is barred after two years.
- 2. MOTHER IS OR WAS FORMERLY MARRIED: When a mother is or was married within three hundred days of the birth of the child, the name of the husband shall be entered on the certificate of birth, including situations when:
 - a. The husband may not be the genetic father.
 - b. The mother has been separated (legally or otherwise) from the husband, regardless of the period of the separation.
 - c. The mother was legally married or attempted to marry, and the child is born within 300 days after the termination of the marriage (unless the final divorce decree specifies that the husband is not the natural father).

AFFIDAVIT OF DENIAL OF PATERNITY (DOP) (Form VSB 908B): If a married or formerly married mother claims that her husband or ex-husband is not the genetic father of the child and the genetic father would like to acknowledge paternity, the husband may complete a voluntary Denial of Paternity (DOP).

At that time, the mother and genetic father 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 State Registrar.

AOP and DOP RESCISSION: The Rescission of an AOP or DOP is only allowed by means of a judicial proceeding [40-11A-307].

Legal Citations:

"Acknowledged father" means a man who has established a father-child relationship pursuant to Article 3 of the New Mexico Uniform Parentage Act.

"Adjudicated father" means a man who has been adjudicated by a court of competent jurisdiction to be the father of a child.

"Presumed father" means a man who, by operation of law pursuant to Section 2-204 [40-11A-204] NMSA 1978] of the New Mexico Uniform Parentage Act, is recognized as the father of a child until that status is rebutted or confirmed in a judicial proceeding; A man is presumed to be the father of a child if:

- 1) he and the mother of the child are married to each other and the child is born during the marriage
- 2) he and the mother of the child were married to each other and the child is born within three hundred days after the marriage is terminated by death, annulment, declaration of invalidity or divorce or after a decree of separation;
- 3) before the birth of the child, he and the mother of the child married each other in apparent compliance with law, even if the attempted marriage is or could be declared invalid, and the child is born during the invalid marriage or within three hundred days after its termination by death, annulment, declaration of invalidity or divorce or after a decree of separation;
- 4) after the birth of the child, he and the mother of the child married each other in apparent compliance with law, whether or not the marriage is or could be declared invalid, and he voluntarily asserted his paternity of the child, and:
 - a. the assertion is in an acknowledgement of paternity on a form provided and filed by the Bureau of Vital Records and Health Statistics (bureau);
 - b. he agreed to be and is named as the child's father on the child's birth certificate; or
 - c. he promised in a record to support the child as his own; or
- 5) for the first two years of the child's life, he resided in the same household with the child and openly held out the child as his own.

Instructions for Parents to complete AOP:

- ❖ Each parent must sign in the presence of a Notary Public and a Notary must notarize each signature. Each signature must have its own notary seal.
- Alterations, erasures, white outs, cross outs, write over's, etc., will not be accepted and will invalidate the completed form.
- The New Mexico State Registrar will place the filed AOP, the original Certificate of Live Birth Registration and all other evidence of the child's paternity in a closed sealed file.
- Parents are requested to make a photocopy of the completed and signed AOP for each parent and mail the completed and signed Original to the Bureau of Vital Records for processing. Please keep these parent copies in a safe and secure place.
- The Bureau of Vital Records and Health Statistics (BVRHS) shall make available to Human Services Department (HSD) the birth certificate, the mother's and father's Social Security numbers and paternity acknowledgments or denials. HSD shall use these records only in conjunction with its duties as the state IV-D agency responsible for the child support program under Title IV-D of the Federal Social Security Act and NMSA Sec. 24-14-13H.
- Requirements are pursuant to the Vital Statistics Act, the New Mexico Uniform Parentage Act (UPA) and applicable state and federal regulations.

Please submit the completed and notarized Acknowledgment of Paternity statement along with any applicable fees, to the New Mexico Bureau of Vital Records and Health Statistics (BVRHS).

Fees

- If a filed birth certificate is <u>amended or revised</u> as a result of an AOP, the fee to change the record to reflect the new information is \$10.00.
- o The fee for the issuance of one (1) certified copy of a birth certificate is \$10.00.
- Make payment for amendment and/or birth certificate payable to BVRHS.



Mailing Address:

New Mexico Vital Records and Health Statistics 2554 Camino Entrada Post Office Box 26110 Santa Fe, NM 87502

Telephone: (505) 827-0121 Toll Free: 1-866-534-0051

All forms are available through the New Mexico Bureau of Vital Records and Health Statistics. If you have any questions regarding an AOP, please call New Mexico Vital Records at 1-866-534-0051 or visit our website.

ACKNOWLEDGMENT OF PATERNITY (AOP)

In the matter of the voluntary acknowledgment of paternity (AOP) of a child born in the State of New Mexico; the mother of this child and the man claiming to be the genetic father of this child may sign this voluntary AOP with intent to establish the man's paternity. This AOP shall be signed under penalty of perjury by the mother and by the man seeking to establish his paternity of the child.

The Child	Information	n and Mother Information is requ	uired to	locate and ref	erence child's birth certific	ate:
CHILD'S IN	FORMATIC	ON				
CHILD'S NAM	1E AT BIRTH (F	First, Middle, Last Name(s), Suffix)			DATE OF BIRTH (MM/DD/YYYY)	GENDER
CHILD'S PLA	CE OF BIRTH	(City, County)		HOSPITAL NAME	OTHER LOCATION	
		Now I	Mexico			
		, new i	iicxico :			
MOTHER'S	S INFORMA	TION (Maiden Name-Name prior	to first	marriage)		
First Name		Middle Name		Maiden Last Na	me	
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	BIRTHPLA	ACE STATE	BIRTHPLACE COUNTRY	
		unrouse.				
Parents	must che	eck correct answer in items	1 thro	ough 5 in or	der for the AOP to be v	/alid.
Item 1 :	☐ We und	derstand that this acknowledgment is	the equiv	alent of a judicia	al adjudication of paternity of thi	s child and
		e may rescind this acknowledgement				
		ed in [40-11A-30]; and that a cha	llenge to	the acknowled	lgement is permitted only un	der limited
	circums	stances and is barred after two years.				
Item 2 :		ave read and understand the inst	tructions	provided. We	understand our rights, resp	onsibilities,
	conseq	uences and alternatives.				
Item 3 :	Check one) :				
3a	☐ We ack	knowledge that the child subject to	this AOP	does not alrea	adv have a presumed, acknow	vledaed. or
Ju		ated father.			, , , , , , , , , , , , , , , , , , , ,	333,
<u>OR</u>	•	If item 3a is checked, the mother ar				This AOP
		will be invalid if another man is an ac	knowled	ged or adjudicate	ed father of this child.	
3b	□ We sek	knowledge that the child subject to thi	c AOD a	Iroady bae a pr	ocumed father and does not be	wo another
30		riowiedge that the child subject to thi rledged or adjudicated father.	S AOF a	ireauy <u>iias</u> a pre	esumed famer and does not ha	ve another
	•	I understand that if item 3b is che	ecked, a	denial of pater	rnity (DOP) from the presume	ed father is
		required in order for this AOP to be	/alid.			
	The Ful	II Name of presumed father is:				
Item 4 :	Check one					
Item 4a		nowledge that there has <u>not</u> been ger	natic tastii	na reaardina this	child's naternity	
OR	□ We ack	nowledge that there has not been ger	icuc icsiii	ng regarding tins	crille 3 paterrity.	
Item 4b	☐ We ack	knowledge that there has been geneti	c testing	in compliance w	vith NMSA 1978, Section 40-11	A-503, and
		acknowledging man's claim of patern				,
Item 5 :	Check one					
Item 5a	☐ Single					
OR						
Item 5b	■ Married	d or Formerly Married Mother:				
	•	If mother was married and the child	d was bo	rn within 300 da	ys of the termination of the ma	arriage, the
		name of the husband shall be en				has been
		established pursuant to the Vital Sta	tistics Act	and the Uniform	n Parentage Act [40-11A-30].	
	•	If a DOP is not signed by the pre				nay be filed
		separately or simultaneously, but ne	ither is va	ılid until both are	filed.	

LAST NAME(S)

Parents must enter the child's full name as it <u>shall</u> be shown on the child's birth certificate: Parents must carefully consider the First, Middle, Other Middle, Last Name and Suffix you designate for your child. Once an AOP is filed, these items cannot be amended except upon receipt of a court order.

THIS CHILD'S NAME SHALL BE SHOWN ON THE BIRTH CERTIFICATE AS:

FATHER'S INFORMATION				
FIRST	MIDDLE		LAST NAME(S)	SUFFIX
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBE	R BIRTHPLACE STAT	TE BIF	RTHPLACE COUNTRY
CURRENT RESIDENCE AF	DRESS (Street No., Street Name, Apart	tment No.)	(City, State)	Zip Code
OUNCENT RESIDENCE AL	BN200 (Offeet No., Offeet Name, Apart	inent No.)	(Oity, Otate)	Zip code
EDUCATION (Highest grade completed at time of child's bi	th) ETHNICITY Hispanic Origin, Check all that	at Apply	RACE (Check all that App	lv)
8 th grade or less	No, not Hispanic	□ White		Other Asian
□ 9-12 th grade, No diploma □ High School Graduate or GED	Yes, Spanish Yes, Mexican	American Inc		Specify type: Native Hawaiian
Some college credit, No degree	Yes, Puerto Rican			Guamanian or Chamorro
☐ Associate degree☐ Bachelor's degree	Yes, Cuban Yes, Latino	Asian Indian Chinese		Samoan Other Pacific Islander
☐ Master's degree☐ Doctorate or Professional degree	Yes, Other Hispanic C	Origin		Specify type: Other Specify:
 □ Doctorate of Professional degree □ None □ Unknown 	Unknown if Hispanic			Unknown
and that it is correct to acknowledgment of paterr	the best of our kr	ect to force, threats or	. We are volun coercion of any l	tarily signing this
nd that it is correct to cknowledgment of paterr	the best of our kr hity without being subje	nowledge and belief ect to force, threats or	. We are volun coercion of any l	tarily signing this
nd that it is correct to cknowledgment of paterr TO B Signature of Mother	the best of our kraity without being subjective by the best of our kraity without being subjective by the best of our kraity without being subjective by the best of our kraity with the best of our k	nowledge and belief ect to force, threats or RESENCE OF A NOT	. We are volund coercion of any lacture of Father	tarily signing this kind.
nd that it is correct to cknowledgment of paterr TO B Signature of Mother State of:	the best of our kraity without being subjective by the best of our kraity without being subjective by the best of our kraity without being subjective by the best of our kraity with the best of our k	nowledge and belief ect to force, threats or RESENCE OF A NOT Signa State of:	. We are volun coercion of any l	tarily signing this kind. Date
and that it is correct to cknowledgment of paterr TO B Signature of Mother State of:	the best of our known that the best of	nowledge and belief ect to force, threats or RESENCE OF A NOT Signa State of: County of:	. We are volun coercion of any l	tarily signing this kind. Date
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