

## 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.

1. **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 amended or revised as a result of an AOP, the fee to change the record to reflect the new information is \$10.00.
- 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 Bureau of Vital Records and Health Statistics  
P.O. Box 25767  
Albuquerque, NM 87125

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

[www.vitalrecordsnm.org](http://www.vitalrecordsnm.org)

*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 at [www.vitalrecordsnm.org](http://www.vitalrecordsnm.org)*

Birth Registration Case Id: \_\_\_\_\_

## 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 and Mother Information is required to locate and reference child's birth certificate:

CHILD'S INFORMATION		
CHILD'S NAME AT BIRTH (First, Middle, Last Name(s), Suffix )	DATE OF BIRTH (MM/DD/YYYY)	GENDER
CHILD'S PLACE OF BIRTH (City, County)  <span style="text-align: right;">, New Mexico</span>	HOSPITAL NAME/OTHER LOCATION	

MOTHER'S INFORMATION (Maiden Name-Name prior to first marriage)			
First Name	Middle Name	Maiden Last Name	
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	BIRTHPLACE STATE	BIRTHPLACE COUNTRY

Parents must check correct answer in items 1 through 5 in order for the AOP to be valid.

<b>Item 1 :</b>	<input type="checkbox"/> We understand that this acknowledgment is the equivalent of a judicial adjudication of paternity of this child and that we may rescind this acknowledgement by means of a judicial proceeding within a 60 day time limit as explained in [40-11A-30]; and that a challenge to the acknowledgement is permitted only under limited circumstances and is barred after two years.
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<b>Item 2 :</b>	<input type="checkbox"/> We have read and understand the instructions provided. We understand our rights, responsibilities, consequences and alternatives.
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<b>Item 3 :</b>	<b>Check one:</b>
<b>3a</b>	<input type="checkbox"/> We acknowledge that the child subject to this AOP does <b>not</b> already have a presumed, acknowledged, or adjudicated father.
<b>OR</b>	<ul style="list-style-type: none"> <li>• If item 3a is checked, the mother and genetic father may proceed with completing this AOP. This AOP will be invalid if another man is an acknowledged or adjudicated father of this child.</li> </ul>
<b>3b</b>	<input type="checkbox"/> We acknowledge that the child subject to this AOP already <b>has</b> a presumed father and does not have another acknowledged or adjudicated father.
	<ul style="list-style-type: none"> <li>• I understand that if item 3b is checked, a <b>denial of paternity (DOP)</b> from the presumed father is required in order for this AOP to be valid.</li> </ul>
	The Full Name of presumed father is: _____

<b>Item 4 :</b>	<b>Check one:</b>
<b>Item 4a</b>	<input type="checkbox"/> We acknowledge that there has <b>not</b> been genetic testing regarding this child's paternity.
<b>OR</b>	
<b>Item 4b</b>	<input type="checkbox"/> We acknowledge that there <b>has</b> been genetic testing in compliance with NMSA 1978, Section 40-11A-503, and that the acknowledging man's claim of paternity is consistent with the results of the testing.

<b>Item 5 :</b>	<b>Check one:</b>
<b>Item 5a</b>	<input type="checkbox"/> <b>Single Mother</b>
<b>OR</b>	
<b>Item 5b</b>	<input type="checkbox"/> <b>Married or Formerly Married Mother:</b>
	<ul style="list-style-type: none"> <li>• If mother was married and the child was born within 300 days of the termination of the marriage, the name of the husband shall be entered on the child's birth certificate unless paternity has been established pursuant to the Vital Statistics Act and the Uniform Parentage Act [40-11A-30].</li> <li>• <b>If a DOP is not signed by the presumed father, do not proceed.</b> The AOP and DOP may be filed separately or simultaneously, but neither is valid until both are filed.</li> </ul>

**Parents must enter the child's full name as it shall 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:				
FIRST	MIDDLE	Other MIDDLE	LAST NAME(S)	SUFFIX

**Parents must enter the information on father acknowledging paternity:**

FATHER'S INFORMATION				
FIRST	MIDDLE	LAST NAME(S)	SUFFIX	
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	BIRTHPLACE STATE	BIRTHPLACE COUNTRY	
CURRENT RESIDENCE ADDRESS (Street No., Street Name, Apartment No.)		(City, State)	Zip Code	
EDUCATION <small>(Highest grade completed at time of child's birth)</small>		ETHNICITY <small>Hispanic Origin, Check all that Apply</small>	RACE <small>(Check all that Apply)</small>	
<input type="checkbox"/> 8 <sup>th</sup> grade or less  <input type="checkbox"/> 9-12 <sup>th</sup> grade, No diploma <input type="checkbox"/> High School Graduate or GED  <input type="checkbox"/> Some college credit, No degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Professional degree <input type="checkbox"/> None <input type="checkbox"/> Unknown		<input type="checkbox"/> No, not Hispanic  <input type="checkbox"/> Yes, Spanish <input type="checkbox"/> Yes, Mexican  <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Latino <input type="checkbox"/> Yes, Other Hispanic Origin Specify type: _____ <input type="checkbox"/> Unknown if Hispanic	<input type="checkbox"/> White  <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native Specify tribe: _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Other Asian Specify type: _____ <input type="checkbox"/> Native Hawaiian  <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander Specify type: _____ <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	

**Statement of Parents:** We affirm under penalty of perjury that we have examined this statement and that it is correct to the best of our knowledge and belief. We are voluntarily signing this acknowledgment of paternity without being subject to force, threats or coercion of any kind.

**TO BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC**

Signature of Mother	Date	Signature of Father	Date
State of: _____		State of: _____	
County of: _____		County of: _____	
Signed or attested before me on: _____		Signed or attested before me on: _____	
Commission Expiration Date: _____		Commission Expiration Date: _____	
Signature of Notary Public (sign in blue ink)		Signature of Notary Public (sign in blue ink)	
(SEAL)		(SEAL)	

**Submit the completed and signed AOP to the Bureau of Vital Records along with a \$10.00 amendment fee and a \$10.00 for each certificated birth certificate (\$20.00 total). Refer to Page 2 for Mailing Address.**

THIS SECTION IS FOR ADMINISTRATIVE USE ONLY			
Order No.	SFN:		Case ID
Amendment Date	Amendment Code	Process Clerk:	SPaper No.: