



Maine Center for Disease Control and Prevention (Maine CDC)  
 Data, Research, and Vital Statistics (DRVS)  
 220 Capitol Street  
 11 State House Station  
 Augusta, Maine 04333-0011  
 (207) 287-3771  
 Fax: (207) 287-1093 TTY Users: Dial 711 (Maine Relay)

## ACKNOWLEDGMENT OF PARENTAGE (AOP)

(Please type or print clearly in black ink.)

<b>CHILD</b>	1. Child's Name (First, middle, other middle, last, suffix)		2. Date of Birth (mm/dd/yyyy)	3. Sex	
	4. Place of Birth (City or town)	5. County of Birth	6. Type of Place of Birth <input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Home Birth <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify) _____		
	7. Facility Name (If not an institution, give street and number)		8. Facility Address (Street and number, city/town, state, zip code)		
<b>MOTHER/PARENT</b>	9. Mother/Parent Current Legal Name (First, middle, last, suffix)		10. Mother/Parent Name Prior to First Marriage (First, middle, last, suffix)		
	11. Date of Birth (mm/dd/yyyy)	12. Birthplace (State, Territory, or Foreign Country)	13. Social Security Number (xxx-xx-xxxx)		
	14. Mother/Parent Residence Address (Street and number, city/town, state, zip code)				
	15. Father/Parent Current Legal Name (First, middle, last, suffix)		16. Father/Parent Name Prior to First Marriage (First, middle, last, suffix)		
<b>FATHER/PARENT</b>	17. Date of Birth (mm/dd/yyyy)	18. Birthplace (State, Territory, or Foreign Country)	19. Social Security Number (xxx-xx-xxxx)		
	20. Father/Parent Residence Address (Street and number, city/town, state, zip code)				
	<b>EDUCATION</b> (Highest grade completed at time of child's birth)		<b>ANCESTRY</b> (Check one box below and <u>must</u> specify if other)		
	<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 completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate Degree, AA, AS <input type="checkbox"/> Bachelor's Degree, BA, AB, BS <input type="checkbox"/> Master's Degree, MA, MS, MEng, MSW, MBA <input type="checkbox"/> Doctorate, PhD, EdD or Professional Degree, MD, DDS, DVM, LLB, JD <input type="checkbox"/> None <input type="checkbox"/> Unknown		<input type="checkbox"/> Hispanic <input type="checkbox"/> Mexican, Mexican American, Chicana <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other _____ <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Italian <input type="checkbox"/> African <input type="checkbox"/> American <input type="checkbox"/> Haitian <input type="checkbox"/> Pakistani <input type="checkbox"/> Ukrainian <input type="checkbox"/> Nigerian <input type="checkbox"/> Taiwanese <input type="checkbox"/> Other, Specify _____ <input type="checkbox"/> Unknown		
			<b>RACE</b> (Check all that apply)		
		<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Specify _____ <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 <input type="checkbox"/> Specify _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Specify _____ <input type="checkbox"/> Other <input type="checkbox"/> Specify _____ <input type="checkbox"/> Don't know/ Not sure <input type="checkbox"/> Refused			
<b>PARENTS</b>	<b>STATEMENT OF PARENTS:</b> We affirm, under penalty of perjury, by the woman giving birth (mother/parent) and the person seeking to establish their parentage, that we have examined the statements on page 2 of this form and that it is correct to the best of our knowledge and belief. We are voluntarily signing this acknowledgment of parentage without being subject to duress, coercion, or threat of harm of any kind.				
	Signature of Mother/Parent ▶		Date Signed (mm/dd/yyyy)	Signature of Father/Parent ▶	
<b>STATEMENT</b>	<b>NOTARY PUBLIC/MUNICIPAL CLERK:</b> The above individuals personally appeared before me and made oath to the truth of the foregoing statements.				
	State of: _____		State of: _____		
	County of: _____		County of: _____		
	Signed or attested before me on (mm/dd/yyyy): _____		Signed or attested before me on (mm/dd/yyyy): _____		
	Commission Expiration Date: _____		Commission Expiration Date: _____		
Signature of Notary Public/Municipal Clerk ▶		Signature of Notary Public/Municipal Clerk ▶			

## ACKNOWLEDGMENT OF PARENTAGE (Continued)

(Please type or print clearly in black ink.)

Case ID Number

Child's Name (First, middle, last, suffix)	Date of Birth (mm/dd/yyyy)	Sex
<b>STATEMENTS OF ACKNOWLEDGMENT</b> <i>(Please see page 3 for instructions, definition, examples and/or legal citations.)</i>		
<b>The statements of acknowledgment below must be read to each parent before it is signed, initialed and notarized.</b>		
<b>Parents <u>must check each of the statements</u> provided below in order for the AOP to be valid.</b>		
<input type="checkbox"/>	We understand we have the right to talk with an attorney before signing and we understand once we have signed this acknowledgment, we will be legally responsible for financially supporting this child until at least the age of 18, and until the age of 19 if still in high school. Parents may be required to pay for past medical expenses, birth expenses and child support for this child.	
<input type="checkbox"/>	We understand by signing this acknowledgment and initialing below, we will give this child a legal record identifying each of us as parents. This will enable this child to get access to Social Security or veteran benefits, inheritance rights, life insurance and access to health insurance and medical information.	
<input type="checkbox"/>	We understand the completion of an Acknowledgment of Parentage does not involve custody or visitation rights. (Parents must go to court to gain rights.)	
We understand by signing this acknowledgment and initialing below that:		
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>▪ There is no other presumed parent of the child or, if there is another presumed parent, that parent intends to complete a Denial of Parentage (DOP) form and we agree to provide the name of the presumed parent in the section below.</li> <li>▪ There is no other acknowledged parent, adjudicated parent or intended parent other than the woman who gave birth to the child.</li> <li>▪ There has not been genetic testing, or</li> <li>▪ There has been genetic testing, and the acknowledging parent's claim of parentage is consistent with the results of genetic testing.</li> </ul>	
<input type="checkbox"/>	We understand that this document is voidable if another person has already acknowledged parentage or if a court determination has already been done to establish parentage.	
<input type="checkbox"/>	We understand that this acknowledgment is the equivalent of a court adjudication of parentage of this child and that a challenge to the acknowledgment is permitted only under limited circumstances and is not allowed after two years.	
<input type="checkbox"/>	We understand that a signatory may rescind an acknowledgment of parentage by commencing a court proceeding before the earlier of 60 days after the effective date of the acknowledgment or the date of the first hearing in a court proceeding in which a signatory is a party to adjudicate an issue relating to the child.	
<input type="checkbox"/>	We understand that any changes in the mother/parent marital status (single, marriage or refused) from what was completed on the parent worksheet at the time of the child's birth may result in additional documentation and/or a correction to the marital status. (Please see page 3 for additional documentation requirements depending on mother/parent's circumstances at the time of birth.)	
<b>We affirm that the acknowledging parent meets <u>at least one</u> of the legal requirements below to voluntarily establish parentage.</b>		
<input type="checkbox"/>	The acknowledging parent is the genetic father/parent of this child and we were <b>not</b> married at the time of the child's birth.	
<input type="checkbox"/>	The acknowledging parent resided with the mother/parent in the same household with the child and openly held out the child as the person's own child from the time the child was born or adopted and for a period of at least two years thereafter and assumed personal, financial, or custodial responsibilities for the child.	
<input type="checkbox"/>	The child was conceived through assisted reproduction with the consent of both of us with the intent to parent the child.	
<input type="checkbox"/>	The acknowledging parent is the genetic father/parent of this child and we were married at the time of the child's birth.	
<input type="checkbox"/>	We were legally married at the time of birth (or if the marriage ended, the child was not born no later than 300 days after the date the marriage ended). (Please see page 3 for additional documentation requirements depending on mother/parent's circumstances at the time of birth.)	
<input type="checkbox"/>	The mother/parent was legally married at the time of birth and the presumed parent (spouse) listed on the child's birth certificate is not the genetic or intended parent. The mother/parent and the acknowledging parent would like to acknowledge parentage by the execution of this AOP and it is understood that a Denial of Parentage (DOP) form from the presumed parent (spouse) is required in order for this AOP to be valid. (The AOP and DOP may be filed separately or simultaneously, but neither is valid until both are filed.)	
<b>The full name of the presumed parent is:</b> _____.		
<b>Parents must initial below acknowledging that oral and written instructions were provided, and they understand the information presented.</b>		
		We have read and understand the instructions provided which have also been provided to us orally. We understand the legal consequences of and the rights and responsibilities that arise from signing the acknowledgment. We have authenticated, under penalty of perjury the above statements are correct to the best of our knowledge and belief.

## ACKNOWLEDGMENT OF PARENTAGE NOTES AND INSTRUCTIONS

### 1. WHO CAN SIGN THE ACKNOWLEDGMENT OF PARENTAGE (AOP) FORM TO ESTABLISH PARENTAGE OF A CHILD?

(Pursuant to 19-A MRS §1861)

- A. **THE WOMAN WHO GAVE BIRTH.** A woman who gave birth to the child and who is not a gestational carrier;
- B. **ALLEGED GENETIC PARENT.** A person who is the alleged genetic parent of the child and who is not a donor;
- C. **PRESUMED PARENT.** (Marital and Non-Marital Presumption)
  - 1. **Marital Presumption.** A person who is married is presumed to be the parent of a child if:
    - The person and the woman giving birth to the child are married to each other and the child is born during the marriage;
    - The person and the woman 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 or declaration of invalidity or after a decree of separation; or
    - Before the birth of the child, the person and the woman giving birth to 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 300 days after its termination by death, annulment, divorce or declaration of invalidity or after a decree of separation.
  - 2. **Non-Marital Presumption.** A person is presumed to be a parent of a child if the person resided in the same household with the child and openly held out the child as that person's own from the time the child was born or adopted and for a period of at least 2 years thereafter and assumed personal, financial or custodial responsibilities for the child.
- D. **INTENDED PARENT.** A person, married or unmarried, who manifests the intent to be legally bound as the parent of a child resulting from assisted reproduction. In the case of a married couple, any reference to an intended parent includes both spouses for all purposes.

### 2. CAN WE COMPLETE THE AOP FORM TO ESTABLISH PARENTAGE OF A CHILD IF THERE IS AN ACKNOWLEDGED, ADJUDICATED, OR A PRESUMED PARENT ALREADY LISTED?

Yes, if the woman who gave birth was married (or formerly married) claims that her spouse (or ex-spouse) is not the genetic or intended parent of the child and the alleged parent would like to acknowledge parentage, the spouse listed on the child's birth record must complete a Denial of Parentage (DOP) form. The DOP form may be found on Data, Research, and Vital Statistics website at <https://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/forms/index.shtml>. At that time, the mother and alleged parent 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 Office of Data, Research, and Vital Statistics.

An AOP form may not be executed by the woman who gave birth and an alleged parent if parentage has already been established by a previous acknowledged or adjudicated parent. Parents in this type of situation may rescind an acknowledgment of parentage by commencing a court proceeding before the earlier of 60 days after the effective date of the acknowledgment or the date of the first hearing in a court proceeding in which a signatory is a party to adjudicate an issue relating to the child **OR** obtain an order adjudicating whether a person alleged or claiming to be a parent is the parent of a child. If a parent has been added to the child's birth record by a court determination, it may only be amended by another court determination or an adoption of the child.

**LEGAL CITATIONS:** (Pursuant to 19-A MRS §1832)

**"Acknowledged parent"** means a person who has established parentage by filing the AOP with the Office of Data, Research, and Vital Statistics.

**"Adjudicated parent"** means a person who has been adjudicated by a court of competent jurisdiction to be the parent of the child.

### 3. CAN I COMPLETE THE AOP FORM TO ESTABLISH PARENTAGE OF A CHILD IF I REFUSED TO PROVIDE MY MARITAL STATUS (SINGLE OR MARRIED) AT THE TIME MY CHILD WAS BORN?

Yes, an AOP may be completed although a correction or amendment to the marital status must be made in order to apply the AOP form to the birth record. Otherwise, the birth record will only print the name of the woman who gave birth regardless if the mother was married or single at the time of the child's birth or if an AOP has been filed. The VS-7 Application to Correct a Vital Record in Maine (and instructions) may be found on DRVS website at <https://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/forms/index.shtml>.

### INSTRUCTIONS FOR PARENTS FOR THE COMPLETION OF AOP

- ❖ Each parent must sign in the presence of a notary public and the notary must notarize each signature on page 1.
- ❖ Each parent must initial and select the appropriate statements of acknowledgment on page 2.
- ❖ Alterations, erasures, white-outs, cross-outs, write overs, etc., will not be accepted and will invalidate the form.
- ❖ The completed and notarized Acknowledgment of Parentage (AOP) form and statements, along with any applicable fees, must be submitted directly to the Office of Data, Research, and Vital Statistics at the mailing address provided in the top right hand corner on the first page. Appointments may be requested by calling the office at (207) 287-3771 or 1-888-664-9491.
- ❖ The fee for one certified copy of the Certificate of Live Birth after the AOP has been applied is \$15.00. Additional copies requested at the same time are \$6.00 each.