



**PLEASE Complete Before You are Discharged and DO NOT
take the worksheet home! Doing So May Result in your
Baby Not Being Registered Correctly**

The purpose of the birth certificate worksheet is to collect information that is requested by Georgia Department of Public Health Division of Vital Records. The birth certificate is used for several reasons including but not limited to: establishing identity, tax purposes, enrolling in school, obtaining health insurance and applying for a driver's license.

Q: What if I do not complete and submit the birth certificate worksheet before I am discharged?

A: We strongly suggest and encourage parents to complete the worksheet **before discharge**. If the worksheet cannot be completed before discharge, the vital record's specialist will make three (3) attempts to contact you by phone and/or email. If the specialist is unsuccessful in reaching you, your baby's birth will be registered with the state as incomplete. Your baby will be registered as **Baby Boy or Baby Girl** with mom's last name (legal last name) and as parents you will be required to complete the registration of your baby with the State and register your child for a social security number. **Note: The Department of Public Health Division of Vital Records mandates that all infants born in the State of Georgia are registered with the State within 5 calendar days of the baby's birth.**

Q: Will I receive a birth certificate from the hospital?

A: No, the hospital does not provide certified copies of birth certificates. The hospital will provide Confirmation of Birth by mail and or email that you may use for insurances purposes. You may request a certified birth certificate from your local county office, the State Office of Vital Records, or online using an approved third-party vendor (ROVER or Vital Chek). [Vital Records | Georgia Department of Public Health](#) There is a \$25 fee for certified copies of birth certificates.

Q: How can I request a social security number for my child?

A: Simply by checking "YES" in the box on this worksheet, you are authorizing the hospital to share information with the Social Security Administration resulting in a social security card for your baby. To follow up on the issuance of your child's card, call 1-800-772-1213.

Q: What is Paternity Acknowledgement?

A: Under the Georgia law, an acknowledgment or determination of paternity establishes the biological condition of being a father. However, it does not establish a legal relationship between the father and child that offers custody or visitation rights. To do so, it is imperative that you complete legitimation at your local court. The Paternity Acknowledgment is a document that when signed by both parents and notarized allows the father's name to be included on the birth certificate, permission to be registered with the father's surname, and the father will automatically be added to the Georgia's Putative Father Registry. **Note: As a courtesy to our patients, the Vital Records Staff provides free notary services to parents Monday-Friday from 8:00 am to 3:30 pm by appointment.**

Q: What if I am unable to complete the Paternity Acknowledgement before discharge? **A:** The notary service at the hospital is a courtesy. The main overseer of the Paternity Acknowledgment Program for the state of Georgia is the Department of Public Health Division of Vital Records. After hospital discharge parents may:

A: Complete the Paternity Acknowledgment form at a local Vital Records Department, have signature notarized and mail the form to Vital Records Department: 1680 Phoenix Boulevard, Suite 100, Atlanta, GA 30349.

Q: What are the acceptable identifications I can use to complete a Paternity Acknowledgment?

A: Acceptable Un-expired IDs are:

1. A hard copy Georgia driver's license or non-driver's identification card (**unexpired or expired for less than a year**) A non-expired driver's license or non-driver's identification card issued by a territory of the United States, another state, Canada, or Mexico may also be accepted. Paper IDs not accepted.
2. U.S. Passport-Unexpired
3. A foreign passport stamped by the United States Bureau of Citizenship and Immigration Services
4. An identification card issued by any branch of the military for active-duty personnel, retirees, or dependents
5. An identification card issued by the United States Bureau of Citizenship and Immigration Services (example: Permanent Resident Card)
6. Employer Picture Identification Card
7. Unexpired Consulated Card
8. Department of Corrections Identification Card
9. State of Georgia Weapons Carry License
10. Transportation ID
11. Student ID (must be current year with Student number)

Q: How do I contact someone if I have further questions?

A: You may call your vital records specialist at the hospital or email us at www.vitalrecords@piedmont.org with any questions or concerns.

Q: How do I add my baby to my insurance plan?

A: Your baby will need a Confirmation of Birth to be enrolled as a new member on your current plan, most health plans have 30 days maximum deadline to add your baby. Therefore, it is imperative to complete the birth worksheet as soon as possible after delivery of your baby before discharge. Please provide an email to prevent delays.

- **To contact the Vital Records Specialist at the hospital where you are currently admitted, please call.** You can check to find your location to purchase the birth certificate at: www.dph.georgia.gov/location

Piedmont Athens Regional
(706) 475-4148

Piedmont Eastside Medical
(770) 736-2411

Piedmont Newnan Hospital
(770) 400-4174

Piedmont Atlanta Hospital
(404) 605-3604

Piedmont Fayette Hospital
(770) 719-7048

Piedmont Newton Hospital
(770) 385-4274

Piedmont Augusta Hospital
(706) 774-2281

Piedmont Henry Hospital
(678) 604-5073

Piedmont Rockdale Hospital
(770) 918-3384

Piedmont Cartersville Hospital
(470) 490-2782

Piedmont Macon Medical
(478) 751-0391

Piedmont Walton Hospital
(770) 267-1885

Piedmont Columbus Regional
(706) 660-2739

Piedmont Mountainside Hospital
(770) 400-4174



STATE OF GEORGIA BIRTH WORKSHEET • (REVISED 01/2024)

The information you provide below will be used to create your child’s birth certificate. The birth certificate is a document that will be used for legal purposes to prove your child’s age, citizenship, and parentage. This document will be used by your child throughout his/her life. State laws provide protection against the unauthorized release of identifying information from the birth certificates to ensure the confidentiality of the parents and their child. (See O.C.G.A. 31-10 for Georgia laws governing Vital Records, specifically O.C.G.A. 31-10-9 Registration of Births)

It is very important that you provide complete and accurate information to all the questions. In addition to information used for legal purposes, other information from the birth certificate is used by health and medical researchers to study and improve the health of mothers and newborn infants. Items such as parent’s education, race, and smoking will be used for studies but will not appear on copies of the birth certificate issued to you or your child.

All information on the mother should be for the woman who delivered the infant. In cases of surrogacy or gestational carrier, the name and identifying information should come from the intended parents, and the medical and demographic information should be that of the surrogate or the gestational carrier, that is, the woman who delivered the infant. Hospital staff shall enter the birth certificate information according to the parentage order issued by the court.

PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY IN BLUE OR BLACK INK.

Section 1: NEWBORN INFORMATION			
1. THIS BIRTH PLURALITY (SINGLE, TWIN, TRIPLET, ETC.)		2. IF NOT SINGLE, SPECIFY BIRTH ORDER (1 ST , 2 ND , 3 RD , 4 TH , ETC.)	
3. CHILD’S NAME: (FIRST)	(MIDDLE)	(LAST)	(SUFFIX)
4. DATE OF BIRTH (MM/DD/YYYY)	5. TIME OF BIRTH (A.M., P.M., OR MILITARY)	6. CHILD’S SEX (MALE, FEMALE, UNKNOWN, NOT YET DETERMINED)	
7. PARENT(S) AUTHORIZE RELEASE OF INFORMATION TO SOCIAL SECURITY ADMINISTRATION TO ISSUE CHILD A SOCIAL SECURITY NUMBER. <input type="checkbox"/> YES <input type="checkbox"/> NO			
8. INFORMANT’S NAME (FIRST) (PERSON PROVIDING INFORMATION FOR THIS WORKSHEET)	(MIDDLE)	(LAST)	(SUFFIX)
9. RELATION TO CHILD			
Section 2: FACILITY INFORMATION			
10. PLACE OF BIRTH TYPE <input type="checkbox"/> HOSPITAL <input type="checkbox"/> BIRTHING CENTER <input type="checkbox"/> ENROUTE/BOA <input type="checkbox"/> CLINIC/DOCTOR’S OFFICE <input type="checkbox"/> EMERGENCY ROOM <input type="checkbox"/> HOME BIRTH-INTENDED <input type="checkbox"/> HOME BIRTH-UNINTENDED <input type="checkbox"/> OTHER(SPECIFY) <input type="checkbox"/> UNKNOWN			
11. SPECIFY BIRTHPLACE: HOSPITAL OR FACILITY NAME (IF NOT HOSPITAL, GIVE STREET NAME AND NUMBER)			
12. CITY, TOWN, OR LOCATION OF BIRTH	13. COUNTY, STATE AND ZIP COE OF BIRTH		



Section 3: MOTHER (PARENT ONE) INFORMATION

14. NAME: (FIRST)			(MIDDLE)			(LAST)		
15. NAME PRIOR TO FIRST MARRIAGE: (FIRST)			(MIDDLE)			(LAST)		
16. DATE OF BIRTH			17. BIRTHPLACE (STATE IN U.S. OR COUNTRY)			18. SOCIAL SECURITY NUMBER		
<p>19. MARITAL STATUS:</p> <p>MARRIED AT THE TIME OF CONCEPTION OR TIME OF BIRTH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN</p> <p>IF NOT MARRIED, HAS AN ORDER OF PATERNITY OR LEGITIMATION BEEN ISSUED BY A COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN</p> <p>HAVE BOTH MOTHER AND FATHER CONSENTED IN WRITING TO HAVE FATHER'S NAME ON THE CERTIFICATION OR HAVE THEY BOTH SIGNED A PATERNITY ACKNOWLEDGMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN</p>								
20. DATE PATERNITY ACKNOWLEDGMENT OR LEGITIMATION SIGNED (MM/DD/YYYY)								
21. NUMBER AND STREET OF RESIDENCE								
RESIDING AT CURRENT ADDRESS FOR _____ YEARS _____ MONTHS								
22. CITY, TOWN OR LOCATION			23. RESIDENCE STATE		24. COUNTY		25. ZIP CODE	
INSIDE CITY LIMITS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN								
26. MAILING ADDRESS (STREET, CITY, STATE, ZIP, COUNTY) <input type="checkbox"/> MAILING ADDRESS SAME AS ABOVE								
27. EMAIL ADDRESS								
28. PRIMARY PHONE NUMBER:					29. SECONDARY PHONE NUMBER:			
<input type="checkbox"/> MOBILE <input type="checkbox"/> LANDLINE <input type="checkbox"/> OTHER					<input type="checkbox"/> MOBILE <input type="checkbox"/> LANDLINE <input type="checkbox"/> OTHER			
30. EDUCATION LEVEL (CHOOSE <u>ONLY ONE</u> OPTION THAT REPRESENTS THE HIGHEST LEVEL OF EDUCATION ATTAINED)								
<input type="checkbox"/> 8 TH GRADE OR LESS			<input type="checkbox"/> 9 TH THROUGH 12 TH 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			<input type="checkbox"/> BACHELOR'S DEGREE		
<input type="checkbox"/> MASTER'S DEGREE			<input type="checkbox"/> DOCTORATE DEGREE OR PROFESSIONAL DEGREE			<input type="checkbox"/> UNKNOWN		
31. PRIMARY LANGUAGE SPOKEN AT HOME:								



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32. EMPLOYED DURING LAST YEAR
 YES NO UNKNOWN

33. OCCUPATION	34. KIND OF BUSINESS OR INDUSTRY
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35. EMPLOYER'S NAME

36. EMPLOYER'S ADDRESS

37. ETHNICITY

<input type="checkbox"/> NO, NOT SPANISH/HISPANIC/LATINO	<input type="checkbox"/> YES, CUBAN	<input type="checkbox"/> YES, PUERTO RICAN
<input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO	<input type="checkbox"/> REFUSED	<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> YES, OTHER HISPANIC (SPECIFY) _____		

38. RACE (CHECK ALL THAT APPLY)

<input type="checkbox"/> WHITE	<input type="checkbox"/> CHINESE	<input type="checkbox"/> KOREAN	<input type="checkbox"/> GUAMANIAN OR CHAMORRO
<input type="checkbox"/> BLACK OR AFRICAN AMERICAN	<input type="checkbox"/> FILIPINO	<input type="checkbox"/> VIETNAMESE	<input type="checkbox"/> SAMOAN
<input type="checkbox"/> ASIAN INDIAN	<input type="checkbox"/> JAPANESE	<input type="checkbox"/> NATIVE HAWAIIAN	<input type="checkbox"/> REFUSED
<input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) _____			<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE (SPECIFY ENROLLED OR PRINCIPAL TRIBE) _____			
<input type="checkbox"/> OTHER ASIAN (SPECIFY) _____			
<input type="checkbox"/> OTHER (SPECIFY) _____			

Section 4: FATHER (SECOND PARENT) INFORMATION

39. NAME: (FIRST)	(MIDDLE)	(LAST)	(SUFFIX)
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40. DATE OF BIRTH	41. BIRTHPLACE (STATE IN US OR COUNTRY)	42. FATHER'S SOCIAL SECURITY NUMBER
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43. NUMBER AND STREET OF RESIDENCE ADDRESS SAME AS MOTHER'S RESIDENCE

44. CITY, TOWN OR LOCATION INSIDE CITY LIMITS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	45. RESIDENCE STATE	46. COUNTY	47. ZIP CODE
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48. MAILING ADDRESS (STREET, CITY, STATE, ZIP, COUNTY) MAILING ADDRESS SAME AS ABOVE



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49. EMAIL ADDRESS

50. PRIMARY PHONE NUMBER:
 MOBILE LANDLINE OTHER

51. SECONDARY PHONE NUMBER:
 MOBILE LANDLINE OTHER

52. EDUCATION LEVEL (CHOOSE ONLY ONE OPTION THAT REPRESENTS THE HIGHEST LEVEL OF EDUCATION ATTAINED)
 8TH GRADE OR LESS 9TH THROUGH 12TH GRADE; NO DIPLOMA HIGH SCHOOL GRADUATE OR GED COMPLETED
 SOME COLLEGE CREDIT, BUT NO DEGREE ASSOCIATE DEGREE BACHELOR'S DEGREE
 MASTER'S DEGREE DOCTORATE DEGREE OR PROFESSIONAL DEGREE UNKNOWN

53. OCCUPATION

54. KIND OF BUSINESS INDUSTRY

55. EMPLOYED DURING LAST YEAR
 YES NO UNKNOWN

56. EMPLOYER'S NAME

57. EMPLOYER'S ADDRESS

58. ETHNICITY
 NO, NOT SPANISH/HISPANIC/LATINO YES, CUBAN YES, PUERTO RICAN
 YES, MEXICAN, AMERICAN, CHICANO REFUSED UNKNOWN
 YES, OTHER HISPANIC (SPECIFY) _____

59. RACE (CHECK ALL THAT APPLY)
 WHITE CHINESE KOREAN GUAMANIAN OR CHAMORRO
 BLACK OR AFRICAN AMERICAN FILIPINO VIETNAMESE SAMOAN
 ASIAN INDIAN JAPANESE NATIVE HAWAIIAN REFUSED
 OTHER PACIFIC ISLANDER (SPECIFY) _____ UNKNOWN
 AMERICAN INDIAN OR ALASKA NATIVE (SPECIFY ENROLLED OR PRINCIPAL TRIBE) _____
 OTHER ASIAN (SPECIFY) _____
 OTHER (SPECIFY) _____



Section 5: MOTHER (PARENT ONE) MEDICAL

60. MEDICAL RECORD #

61. PRE-PREGNANCY WEIGHT:

_____ LBS UNKNOWN

62. WEIGHT AT DELIVERY

_____ LBS UNKNOWN

63. HEIGHT

_____ FEET _____ INCHES UNKNOWN

64. DID MOTHER RECEIVE WIC DURING THIS PREGNANCY

YES NO UNKNOWN

65. DID MOTHER USE ALCOHOL DURING PREGNANCY?

YES NO UNKNOWN

66. IF YES, HOW MANY DRINKS PER WEEK?

67. DID MOTHER SMOKE CIGARETTES BEFORE OR DURING THIS PREGNANCY? REFERS TO TOBACCO PRODUCTS ONLY, NOT E-CIGARETTES.

YES NO UNKNOWN

#OF CIGARETTES _____ OR # OF PACKS _____ THREE MONTHS BEFORE PREGNANCY

#OF CIGARETTES _____ OR # OF PACKS _____ FIRST TRIMESTER

#OF CIGARETTES _____ OR # OF PACKS _____ SECOND TRIMESTER

#OF CIGARETTES _____ OR # OF PACKS _____ THIRD TRIMESTER

Section 6: PARENT SIGNATURE

68. ATTESTATION FOR PARENT OR OTHER PERSON PROVIDING INFORMATION FOR THIS WORKSHEET

I (PRINT FULL NAME), _____

HEREBY ATTEST THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE.

69. PARENT OR OTHER PERSON PROVIDING INFORMATION

SIGNATURE

DATE



PATERNITY ACKNOWLEDGMENT • FORM 3940 (REVISED 01/2024)

PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY IN BLUE OR BLACK INK. WHITE-OUTS, CROSS-OUTS, AND ALTERATIONS ARE NOT ALLOWED. PLEASE SEE PAGE TWO FOR INSTRUCTIONS.

Section 1: FOR STATE OFFICE OF VITAL RECORDS ONLY
DATE RECEIVED: STATE FILE NUMBER:

Section 2: CHILD/PARENT'S INFORMATION FACILITY NAME:

We are requesting that the name of the biological father be placed on the birth certificate and that the child be named:
CHILD'S FIRST NAME, MIDDLE NAME, LAST NAME, GENERATION (JR., II, III, ETC.)
CHILD'S SEX (FEMALE, MALE), CHILD'S DATE OF BIRTH, CHILD'S COUNTY OF BIRTH, WAS THIS A FETAL DEATH OR STILLBIRTH (Yes, NO)
FATHER'S LEGAL FIRST NAME, MIDDLE NAME, LAST NAME, GENERATION (JR., II, III, ETC.)

The father acknowledges that he is the biological (natural) father of the child born to:
MOTHER'S LEGAL FIRST NAME, MIDDLE NAME, LAST NAME, MOTHER'S MAIDEN NAME

Section 3: MOTHER'S INFORMATION

PLEASE CHECK: [] By signing this document, you are stating that you read and understood all its provisions, including those printed on the instructions page of this document, and that the facts stated in this document are true. Pursuant to O.C.G.A. § 31-10-31, anyone making a false statement on this document may go to prison for up to five years and be fined up to \$10,000.
MOTHER'S INFORMATION: ADDRESS (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE)
DATE OF BIRTH, PLACE OF BIRTH (STATE IN U.S. OR COUNTRY IF NOT U.S.), SOCIAL SECURITY NUMBER (WRITE NONE IF MOTHER DOES NOT HAVE ONE)
MOTHER'S SIGNATURE, PARENT/LEGAL GUARDIAN'S SIGNATURE (IF MOTHER IS A MINOR UNDER AGE 18, A PARENTAL CONSENT IS RECOMMENDED.)

Section 4: MOTHER'S NOTARY INFORMATION

STATE OF _____ COUNTY OF _____
SIGNED OR ATTESTED BEFORE ME ON (DATE): _____
BY (PRINTED NAME OF INDIVIDUAL SIGNING DOCUMENT): _____
WHO HAS PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON WHO APPEARED BEFORE ME.
IDENTIFICATION TYPE: _____
NOTARY SIGNATURE: _____
MY COMMISSION EXPIRES ON (DATE): _____
PLEASE PLACE THE NOTARY SEAL BELOW
SEAL

Section 5: FATHER'S INFORMATION

PLEASE CHECK: [] By signing this document, you are stating that you read and understood all its provisions, including those printed on the instructions page of this document, and that the facts stated in this document are true. Pursuant to O.C.G.A. § 31-10-31, anyone making a false statement on this document may go to prison for up to five years and be fined up to \$10,000.
FATHER'S INFORMATION: ADDRESS (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE)
DATE OF BIRTH, PLACE OF BIRTH (STATE IN U.S. OR COUNTRY IF NOT U.S.), SOCIAL SECURITY NUMBER (WRITE NONE IF FATHER DOES NOT HAVE ONE)
FATHER'S SIGNATURE, PARENT/LEGAL GUARDIAN'S SIGNATURE (IF FATHER IS A MINOR UNDER AGE 18, A PARENTAL CONSENT IS RECOMMENDED.)

Section 6: FATHER'S NOTARY INFORMATION

STATE OF _____ COUNTY OF _____
SIGNED OR ATTESTED BEFORE ME ON (DATE): _____
BY (PRINTED NAME OF INDIVIDUAL SIGNING DOCUMENT): _____
WHO HAS PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON WHO APPEARED BEFORE ME.
IDENTIFICATION TYPE: _____
NOTARY SIGNATURE: _____
MY COMMISSION EXPIRES ON (DATE): _____
PLEASE PLACE THE NOTARY SEAL BELOW
SEAL



PURPOSE

The Paternity Acknowledgment (PA) is a voluntary agreement between the mother and the biological father to add the father’s name to the birth record. The PA helps establish the father and child relationship. The child’s name can also be changed within the first year of birth if agreed upon by both the mother and father. A PA cannot be used if **the mother was married to anyone within 10 months before the birth of this child or if, for any reason, there is another father of this child listed on the child’s birth certificate.**

The PA, once completed and signed in the presence of a notary public, will be forwarded to the State Office of Vital Records where it will be entered into the State Putative Father Registry and considered a Vital Record. If both parents do not sign a PA before leaving the hospital or birthing facility, only the mother’s name and the child’s name will be entered on the birth certificate. The PA may be signed before a notary later and mailed to the State Office of Vital Records. Upon receipt of an acceptable PA form, the certificate of birth will be amended to add the name of the father and to change the child’s name, if requested. For information on how to rescind a signed PA, contact either the State Office or a local County Vital Records Office.

Notice: Establishment of paternity does not entitle the father to custody, visitation or rights of inheritance from or to a child. Those rights must be established by the filing of a petition for legitimation with the court.

MINOR PARENT

An unwed parent under the age of 18 may sign the PA form without parental consent. However, parental consent is recommended.

RESCISSION

Either the mother or biological father has 60 days from the date of his/her signature to request to rescind this PA. After the 60-day rescission period has ended, this signed document may constitute a legal determination of paternity and can only be challenged in a court of law based on fraud, duress, or material mistake of fact, with the burden of proof on the person challenging the acknowledgment. See Rescission Form 3956 <https://dph.georgia.gov/document/document/rescission-statement-form-pdf/download>

Notice: The Rescission Form does not remove the father. To have the father’s name removed or other amendment made to the birth certificate, a determination of paternity must be made by a court of competent jurisdiction pursuant to OCGA 31-10-23. A certified copy of the court order that determines paternity and directs the amendment of the birth certificate of the child named above must be furnished to the State Office of Vital Records before this action can occur.

RIGHTS & RESPONSIBILITIES

1. Signing the PA is strictly voluntary.
2. The mother should not sign the PA unless she is confident that the father signing is the biological father of this child.
3. The father should not sign the PA unless he is confident that he is the biological father of this child.
4. By signing this document, it will be presumed by law that the male signer is the biological father of this child, and the child’s birth certificate will reflect this fact.
5. Any change made to the birth record in the future regarding the child’s information, mother’s information, or father’s information will require a court order.
6. The PA must be notarized and filed with the State Office of Vital Records within 30 days of execution.
7. Each parent is entitled to a copy of the PA after it has been signed and notarized.

Notice: There is a \$10.00 processing fee for this form if the request is submitted after one year. If this request is being mailed, please forward this completed form with a U.S. Money Order or certified check for the correct amount made payable to the State Office of Vital Records. A valid copy of your Photo ID must accompany this request. Please do not send cash by mail.