

**State of Maryland  
Affidavit of Parentage**

**Send original notarized form to:**  
Maryland Department of Health  
Division of Vital Records  
P.O. Box 68760, Baltimore, MD 21215-0020

<b>DVR Use Only</b>
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This document is to acknowledge parentage of the child described herein. In order for the name of a parent who did not give birth to a child to appear on the birth certificate, both parents must complete and sign this Affidavit before a notary public, hospital staff, Department of Human Service’s staff or health department staff. **An Affidavit of Parentage may not be completed if the mother of the child was married at the time of conception or birth of the child, or between conception and birth of the child. An Affidavit may be signed by the parent who did not give birth to the child regardless of that person’s marital status. NOTE: This Affidavit is a legal document and constitutes a legal finding of parentage.**

**Part I – Child’s Information (must match the birth certificate)**

1a. First Name	1b. Middle Name	1c. Last Name	Suffix
2. Date of birth		3. Place of birth (city, county, state)	4. Hospital of birth

**Part II – Information of Parent Who Gave Birth to Child**

5a. First Name	5b. Middle Name	5c. Last Name
6. Current address (number, street, city, state, zip code, county)		
7. Date of birth	8. Social Security Number	9. Place of birth (state or foreign country)
10. My initials in this box verify that I do not have a social security number		11. Phone number
<p>I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information, and belief. I consent to the assertion of parentage by the individual named in Part III of this Affidavit and I acknowledge that <b>(choose only one)</b>:</p> <p><input type="checkbox"/> the individual named in Part III of this Affidavit acknowledges himself or herself to be a parent of the child named in Part I of this Affidavit.</p> <p style="text-align: center;">– or –</p> <p><input type="checkbox"/> the individual named in Part III of this Affidavit and I agreed to conceive this child through assisted reproduction, and we agreed that we would both be the child’s parents.</p>		
12a. Signature of parent who gave birth to the child		12b. Date
13a. Signature and title of witness or notary		13b. Date
13c. Name and address of hospital, clinic, other facility or notary public		

**Part III – Information of Parent Who Did Not Give Birth to Child**

14a. First Name	14b. Middle Name	14c. Last Name
15. Current address (number, street, city, state, zip code, county)		
16. Date of birth	17. Social Security Number	18. Place of birth (state or foreign country)
19. My initials in this box verify that I do not have a social security number		20. Phone number
<p>I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information, and belief and I acknowledge that (choose only one):</p> <p><input type="checkbox"/> I am a parent of the child named in Part I of this Affidavit.</p> <p style="text-align: center;">– or –</p> <p><input type="checkbox"/> the parent who gave birth to the child and I agreed to conceive this child through the assisted reproduction, and we agreed that we would both be the child’s parents.</p>		
21a. Signature of Parent who did not give birth to the child		21b. Date
22a. Signature and title of witness or notary		22b. Date
22c. Name and address of hospital, clinic, other facility or notary public		

**DHS/CSA 1040 (Revised 01/2021). Previous editions are obsolete and should be destroyed**

## **RIGHTS AND RESPONSIBILITIES**

1. The Affidavit of parentage is a legal document and constitutes a legal finding of parentage. No further legal action is required to establish parentage. The name of the parent who did not give birth to the child will be placed on the child's birth certificate.
2. Completion of the Affidavit of Parentage is voluntary. Do not complete this Affidavit until you have read and have been orally given your rights and responsibilities regarding this document.
3. You have a right to obtain genetic testing to determine if you are the biological father of the child before signing the Affidavit. If you would like more information about genetic testing, please call the Maryland Child Support Administration at 1(800) 332-6347.
4. If you are under the age of eighteen (18), you may complete the Affidavit without the permission of an adult or legal guardian. You may want to seek the advice of a parent or legal guardian before signing this form.
5. The legal parents of the minor child are the joint natural guardians of their minor child. This means that both parents are jointly responsible for the support of their child. It also means that the child will be able to benefit from the parents' health care coverage, receive inheritance, or receive social security or veterans' dependent or survivor benefits, if eligible.
6. Once this Affidavit is signed by both parties, both parents will have equal rights to custody of the child. If a dispute arises concerning issues of custody, visitation and child support, a court may use this Affidavit to resolve the dispute.
7. It may be beneficial to talk to a lawyer before signing the Affidavit.
8. The personal information requested is required to establish parentage and/or to enable the Division of Vital Records to contact a parent in the event that the information provided on the Affidavit is insufficient.
  - a. The Affidavit will be filed with the Division of Vital Records, and will be available upon request to the parent, the legal guardian, and the Child Support Administration. The information provided in the Affidavit may be used by the Child Support Administration to assist in providing child support services to either parent.
  - b. The legal finding of parentage, established by completion of the Affidavit, can be reversed only if:
    - i. Within 60 days of signing, either party named in the Affidavit signs a written rescission. You may obtain a rescission form by calling the Maryland Department of Health, Division of Vital Records at (410) 764-3038;
    - ii. Within 60 days of signing, either party named in the Affidavit appears in court in a proceeding related to the child and informs the court of his or her decision to rescind; or
    - iii. After the expiration of the 60 day period, a court orders a rescission after the party challenging the Affidavit proves fraud, duress, or marital mistake of fact.
  - c. Rescission of the Affidavit will terminate the parentage of the individual who did not give birth to the child, but court action will be necessary to remove that individual's name from the birth certificate.
  - d. If you challenge the Affidavit in court after the 60 day period, your legal responsibilities for the child, including child support obligations, will continue unless and until a court relieves you of those responsibilities.

## **INSTRUCTIONS FOR COMPLETION OF AFFIDAVIT OF PARENTAGE**

1. Press firmly with a ballpoint pen and print all information except your signatures.
2. Each parent must sign and date the form in the presence of a witness.
3. This form must be witnessed or notarized. If you complete this form in a hospital, the hospital staff may act as a witness. Each parent must sign the Affidavit in the presence of a notary public if you take the form home.
4. An incomplete Affidavit may prevent parentage from being established by means of the Affidavit.
5. The parents may sign the Affidavit on different dates and need not have the same witness/notary.
6. If you have any questions about this Affidavit, contact the Maryland Department of Health, Division of Vital Records at (410) 764-3038.

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