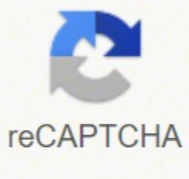




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Acknowledgement of paternity form nm

Mississippi State Department of Health
Vital Records
Post Office Box 1700 • Jackson, Mississippi 39215-1700

Acknowledgement of Paternity

(Information needed to identify original birth certificate)

CHILD'S NAME	1. CHILD'S NAME (First) (Middle) (Last)		2. DATE OF BIRTH (Month, Day, Year)		3. COUNTY OF BIRTH	
	4. NAME (First) (Middle) (Last)					
	5. FATHER'S RACE (Check one or more races to indicate what the father considers himself to be) White Black or African American Asian Indian Chinese Filipino Japanese Korean Vietnamese Native Hawaiian Guamanian or Chamorro Samoan American Indian or Alaska Native (Name of the enrolled or principal tribe) Other Pacific Islander (Specify) Other Asian (Specify)					
	6. DATE OF BIRTH (Month, Day, Year)			7. STATE OF BIRTH		
FATHER'S INFORMATION TO APPEAR ON REVISED CERTIFICATE AND RESIDENCE INFORMATION	8. FATHER OF HISPANIC ORIGIN? (Check the box that best describes whether the father is Spanish Hispanic/Latino) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (Specify)				9. SOCIAL SECURITY NUMBER	
	10. FATHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery) <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th - 12 th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MEd, MEd) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.M., JD) <input type="checkbox"/> Unknown					
	11. RESIDENCE - STATE		12. COUNTY		13. CITY OR TOWNSHIP	
	14. STREET AND NUMBER OR RURAL LOCATION					
I, _____ (Name of Father) certify and acknowledge that I am the natural father of the child whose name appears in item 1 above, and that all information in items 4-14 is correct. My rights and responsibilities and right to rescind (cancel) paternity have been explained to me. It is also understood that I have the right to request a genetic test through the Department of Human Services within one year.			I, _____ (Name of Mother) certify and acknowledge that the person named in item 4 is the father of the child whose name appears in item 1, and that all information in items 1-3 is correct. My rights and responsibilities and right to rescind (cancel) paternity have been explained to me.			
SIGNATURE _____			SIGNATURE _____			
Sworn to and subscribed before me this the _____ day of _____			Sworn to and subscribed before me this the _____ day of _____			
SIGNATURE OF NOTARY _____			SIGNATURE OF NOTARY _____			
My commission expires: _____			My commission expires: _____			

Rights and Responsibilities:
 Execution of this acknowledgement of paternity shall result in the same legal effect as if the father and mother had been married at the time of the birth of this child. The Office of Vital Records may make this acknowledgement of paternity available to the Division of Child Support Enforcement of the Mississippi Department of Human Services for use in establishing paternity and child support obligations. The father has the right to request a genetic test within the one year time frame through the Mississippi Department of Human Services. Once the one year time frame expires, execution of this acknowledgement of paternity shall result in the same legal effect as if the father and mother had been married at the time of the birth of this child.

Right to Rescind:
 A signed voluntary acknowledgement of paternity is subject to the right of any signatory to rescind the acknowledgement of paternity within the earlier of: (i) one year; or (ii) the date of judicial proceeding relating to the child, including a proceeding to establish a support order, in which the signatory is a party.

Instructions

- This form cannot be used for paternity acknowledgement if the mother is married or was married at any time between the conception and birth of this child.
- All information requested on this form must be supplied.
- The completed form must be signed and sealed by a Notary Public.
- If the mother's name has been changed, by marriage, court order or other means, from that which is recorded on the birth certificate, documentation of that change (such as the marriage license or court order) **must be included** to explain the difference between the notarized signature and the name on the birth certificate.
- Send to the address at the top of this form:
 - this completed form
 - any required accompanying documentation
 - the fee of \$28.00 check, bank, or postal money order.

A certified copy of the amended certificate will be issued upon receipt and processing of these documents and the correct fee. **BASED ON THIS ACKNOWLEDGEMENT OF PATERNITY THE BIRTH CERTIFICATE WILL REFLECT THE LAST NAME OF THE CHILD TO BE THE SAME AS THAT OF THE ACKNOWLEDGED FATHER.**
 Mississippi State Department of Health 01/01/2017 Form No. 564

NO. _____
 IN THE DISTRICT COURT

 JUDICIAL DISTRICT

 (COUNTY, STATE)

ACKNOWLEDGEMENT OF PATERNITY

Child Name: _____ Birth No. _____
 Birth Place: _____ DOB: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Mother Name: _____ SSN: _____
 Marital Status: _____ DOB: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Putative Father Name: _____ SSN: _____
 Marital Status: _____ DOB: _____
 Address: _____
 City: _____ State: _____ Zip: _____

- The Mother of the child had multiple sexual partners up to 45 days before the child's conception
 The Mother was married to another man at the time of the child's conception
 A DNA paternity test has been issued

The Putative Father seeks to establish and acknowledge his paternity of the child named above. He understands and accepts the parental privileges and support obligations inherent to paternity acknowledgement.

 Mother Signature Date _____

 Putative Father Signature Date _____



Parental Acknowledgement*

*Must be signed in the presence of an Alta Vista Credit Union staff member

As parent/legal guardian of _____, I acknowledge that he/she will be participating in Next Generation and applying for the following services:

- Next Generation Savings Account Next Generation ATM Card
 Next Generation "e-Check" Account Next Generation VISA® Checkcard

Approval of above services is contingent on _____'s adherence to Next Generation's program requirements which are as follows:

- Alta Vista Credit Union member.
- Between the ages of 14-17.
- All above services except Savings Account and ATM only card require completing the respective financial education study guide and passing the related quiz with a score of 80% or better to apply for the specific service or product.

By signing this Acknowledgement, I understand that I am responsible for my child's discretionary use of any of the services above. Next Generation members are held accountable to the same rules, regulations, policies, procedures and fees pertaining to each service as are all Alta Vista Credit Union members.

Parent/Legal Guardian Name (Please Print) _____
 Signature _____ Date _____

I acknowledge that as a member of Next Generation, I am held accountable to the same rules, regulations, policies, procedures and fees pertaining to each service as are all Alta Vista Credit Union members.

Name (Please Print) _____ Account Number _____
 Signature _____ Date _____

03/10/13

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