

VOLUNTARY ESTABLISHMENT OF PATERNITY BY PARENTS BC#:

I. ADVISEMENT OF RIGHTS AND RESPONSIBILITIES TO NATURAL PARENTS OF CHILD

The natural parents are put on notice that they are not required to sign this document. If they sign it, however, it will be assumed that their signature was freely and voluntarily given. The natural parents also have the right to consult a lawyer before signing this document. They have a right to have genetic testing to determine paternity, and the right to have paternity of the child determined by a judge in a legal proceeding. By signing this document the natural parents voluntarily give up these rights. The legal authority for voluntarily establishing paternity is provided by section 584-3.5, Hawai'i Revised Statutes.

Child's Current Name on Birth Certificate: _____

II. INFORMATION PROVIDED BY NATURAL PARENTS FOR NEW OR AMENDED BIRTH CERTIFICATE

The following information is being provided voluntarily by the natural parents and is true to the best of their knowledge.

A. We, the parents of the child, request that the *Name of the Child on the birth certificate be: _____

* CHILD'S FULL NAME: First	_____		
Middle Name(No initials)	_____		
Last	_____		

PLACE OF BIRTH: (City)	(County)	(State) HAWAII	DATE OF BIRTH: (Month/Day/Year)
---------------------------	----------	----------------	------------------------------------

B. Marital Status: _____ MC#: _____

- The mother was not legally married to anyone at the time of the birth of the child or during the 300 days before the birth; however
 - The parents were married on _____ at _____ (City, State, or Foreign Country),
 - The natural parents are not legally married to each other at this time.
- Was mother married at anytime before the birth of this child? Yes No If yes, please answer the following regarding the marriage: Termination by Death Divorce

Date of death or divorce _____ (month/day/year) at _____ (City, State or Foreign Country)

C. Information About Natural Mother: Mother's State/Country of Birth: _____

First Name _____

Middle Name (No initials) _____

Last Name: Birth Name: _____ Legal Name (if different): _____

Street Address _____

City/State/Country/Zip _____

Social Security No. Verified SSN: _____ Date of Birth: _____

Mother is not an American Citizen but a Citizen of: ** _____

D. Information About Natural Father: Father's State/Country of Birth: _____

First Name _____

Middle Name (No initials) _____

Last Name _____

Street Address _____

City/State/Country/Zip _____

Social Security No. Verified SSN: _____ Date of Birth: _____

Father is not an American Citizen but a Citizen of: ** _____

Active Military? _____ If yes, what branch of service: _____

Race/Ethnicity (list all): _____

Spanish Origin? Yes No If yes, specify: Cuban Mexican Puerto Rican Central/South American Other and unknown Spanish Origin

Education: (Specify highest grade completed) Elementary (0-8) _____ High School (9-12) _____ College (1-4 or 5+) _____

III. MOTHER'S STATEMENT

The Mother must read this section:

I, the above named mother of the child, make the following statements voluntarily and under oath:

1. I have had access to written and oral information regarding my rights and responsibilities as parent. Having been informed of these rights and responsibilities, I understand and freely accept them, including the duty to support my child.
2. I have read and understood the advisement of rights and I freely give up my right to contest paternity of the child.
3. I am the natural (biological) mother and I agree that the man whose signature appears on the Voluntary Establishment form is the natural (biological) father of the subject child, and the information I have provided in this Voluntary Establishment is true and correct to the best of my knowledge.
4. I understand that I can cancel or revoke this Voluntary Establishment of Paternity by completing and filing a rescission with the Department of Health within 60 days from the signing of this Declaration. Once the 60-day period expires, only a court can do a rescission.
5. I understand that the Department of Health will not be responsible to notify the other parent of this rescission.
6. I understand that this is a legally binding document. It is the same as a court order determining the father and child relationship. This means that upon the signing and filing of this document with the Department of Health, the father will have the same rights and responsibilities with regard to the child as I have.
7. I was not legally married to anyone at the time of the birth of the child or during the 300 days before the birth.
8. I have read and understand both sides of this Voluntary Establishment of Paternity form and the information provided is true and correct to the best of my knowledge.

IV. FATHER'S STATEMENT

The Father must read this section:

I, the above named father of the child, make the following statements voluntarily and under oath:

1. I have had access to written and oral information regarding my rights and responsibilities as parent. Having been informed of these rights and responsibilities, I understand and freely accept them, including the duty to support my child.
2. I have read and understood the advisement of rights and I freely give up my right to contest paternity of the child.
3. I am the natural (biological) father of the subject child, and the information I have provided in this Voluntary Establishment form is true and correct to the best of my knowledge.
4. I understand that this is a legally binding document. It is the same as a court order that determines that I am the father of the subject child. This means that upon the signing and completion of this document with the Department of Health I will have the same rights and responsibilities with regard to the child as the mother has.
5. I understand that I can cancel or revoke this Voluntary Establishment of Paternity by completing and filing a rescission with the Department of Health within 60 days from the signing of this Declaration. Once the 60-day period expires, only a court can do a rescission.
6. I understand that the Department of Health will not be responsible to notify the other parent of this rescission.
7. I have read and understand both sides of this Voluntary Establishment of Paternity form and the information provided is true and correct to the best of my knowledge.

Signature of Natural Mother (Legal Name) Made under Oath _____ Date _____

NOTARY PUBLIC CERTIFICATION

Judicial Circuit

Doc Description: _____

No. of Pages: _____ Date of Doc: _____

Signature of Notary Public or Dept. of Health Personnel _____ Date _____

Notary Public, State of _____
My Commission expires _____

Health Dept. Personnel Authorized to Administer Oaths, Sec. 338-51, Hawai'i Revised Statutes.

Signature of Natural Father Made Under Oath _____ Date _____

NOTARY PUBLIC CERTIFICATION

Judicial Circuit

Doc Description: _____

No. of Pages: _____ Date of Doc: _____

Signature of Notary Public or Dept. of Health Personnel _____ Date _____

Notary Public, State of _____,
My Commission expires _____

Health Dept. Personnel Authorized to Administer Oaths, Sec. 338-51, Hawai'i Revised Statutes.

V. AUTHORIZED PERSON ASSISTING WITH PATERNITY ESTABLISHMENT

The parents have been provided information about the purpose of this Establishment, information about their rights and responsibilities, and directions on how to complete this Establishment.

(PRINT) NAME AND TITLE OF PERSON ASSISTING

*NOTE: THE FULL NAME DECLARED ON THIS FORM BECOMES THE CHILD'S LEGAL NAME(S); IT CANNOT BE CHANGED OR ALTERED EXCEPT BY A COURT ORDER, LIEUTENANT GOVERNOR'S LEGAL CHANGE OF NAME ORDER, OR UPON MARRIAGE OF THE NATURAL PARENTS LISTED ABOVE. (NOTE: NATURAL PARENTS MUST MEET ALL REQUIREMENTS. TO FIND OUT IF YOU QUALIFY, CONTACT THE VITAL STATISTICS OFFICE-CORRECTIONS SECTION AT 586-4541).

**** Attach a Xerox copy of identification being used as evidence.**