



## Declaration of Parentage with Assisted Reproduction INSTRUCTIONS

**PLEASE READ THIS LEGAL DOCUMENT ENTIRELY. PRINT IN BLUE OR BLACK INK ONLY. ANY WHITE OUTS, CROSS OUTS OR WRITE OVERS WILL NOT BE ACCEPTED.**

Once this document is signed and witnessed, please retain a copy for your records. Except for hospital-based Declaration of Parentage, the original document must be mailed to the State of Nevada, Office of Vital Records. Please include a copy of photo identification for both parents signing this form.

**Name Changes** - The child's full name can be changed by the hospital prior to the record being registered by the state or local registrar. Otherwise, only the child's last name may be changed to the other parent's last name. "Name Change" at the bottom of section "A" may be left blank if the child's name will be the same.

**Section C** - A hospital-based Declaration of Parentage must be witnessed by a hospital staff and attached to the electronic birth record. Otherwise, it must be witnessed by the State Office of Vital Records or an authorized agency.

**Fees** - Hospital-based Declaration of Parentage filed with the Office of Vital Records within 10 days from the date of birth will be processed at no fee. Otherwise, there is a \$45.00 fee to amend a certificate already on file in the Office of Vital Records. This fee includes a certified copy of the new record. Additional copies are \$25.00 each. Please make your check, cashier's check or money order out to Office of Vital Records. The Office of Vital Records accepts credit cards. An "Authorization for Credit Card Use" form must be submitted to process a credit card. This form can be located on our website. [http://dpbh.nv.gov/Programs/Office\\_of\\_Vital\\_Statistics/](http://dpbh.nv.gov/Programs/Office_of_Vital_Statistics/)

Please allow 4-6 weeks to process your request. Any questions concerning parentage actions should be addressed to the Office of Vital Records at the above address or emailing our office at [ovrpaternity@health.nv.gov](mailto:ovrpaternity@health.nv.gov).

**Please provide the name, full address and phone number of where the certificate should be mailed to:**

Mailing First & Last Name		Phone Number
Street Address or P.O. Box		
City	State	ZIP Code

### Rights and Responsibilities of Acknowledging Parentage

**By Signing This Declaration of Parentage:**

1. You are acknowledging that you are the legal parent of this child which, after 60 days, creates a legal determination that you are the parent.
2. There will be no hearing or trial held on the issue of parentage at this time, and you waive your right to genetic testing.
3. You have a duty to financially support the child, which is a separate issue from visitation and custody of the child.
4. A court order may order you to pay child support for the child until the child reaches 18 years of age, or 19 if still in high school, or otherwise declared free from your parental control by a court.
5. A court may order the withholding or assignment of your wages or commissions.
6. A court may order you to furnish health insurance for the child.
7. A court may order you to pay reasonable expenses of the parent's pregnancy and confinement costs, which include birth expenses and public assistance provided on behalf of the child.
8. You have rights concerning custody and visitation of the child. If both parents cannot agree to an arrangement for visitation and/or custody, then you must pursue a separate legal action through the courts. You may need to hire a private attorney to assist you.
9. Unless you can show special circumstances of fraud, duress or material mistake of fact, under Nevada law you may not be able to petition the court to declare that you are not the legal parent of the child. You may need to hire a private attorney to assist you.
10. This Declaration of Parentage can be revoked or rescinded, within 60 days, after the filing with the State Registrar or within 60 days after you turn 18 years old, whichever is later. However, your name will remain on the birth certificate until a court declares that you are not the legal parent of this child.

**ALL IN GOOD HEALTH.**



## Declaration of Parentage with Assisted Reproduction

Section A: All Parts of Sections A & B Must Be Completed with Section C Completed by the Witness				
CHILD	First Name of Child	Middle Name	Last Name	Suffix
	Sex of Child	Date of Birth (Month, Day, Year)		
PLACE OF BIRTH	Hospital Name			
	City	County	State - NEVADA ONLY	
PARENT #1 INFORMATION	Parent 1's First Name	Middle Name	Last Name	Suffix
	Last Name Prior to 1 <sup>st</sup> Marriage	Date of Birth (Month, Day, Year)		Social Security Number
	Current Address (Number, Street, City, State, ZIP Code)			State or Foreign Country of Birth
PARENT #2 INFORMATION	Parent 2's First Name	Middle Name	Last Name	Suffix
	Last Name Prior to 1 <sup>st</sup> Marriage	Date of Birth (Month, Day, Year)		Social Security Number
	Current Address (Number, Street, City, State & ZIP Code)			State or Foreign Country of Birth
NAME CHANGE	First Name of Child	Middle Name	Last Name	Suffix
Section B: To Be Completed by Parent 1			Section B: To Be Completed by Parent 2	
<i>I declare under the penalty of perjury that:</i> <ul style="list-style-type: none"><li>○ The information I have provided is true and correct.</li><li>○ I am the intended parent of the child named on this declaration who was born by assisted reproduction.</li><li>○ The person signing this form is the only possible parent of this child.</li><li>○ I have read and understand the rights and responsibilities described on the other side of this form.</li><li>○ I have been orally or through video or audio equipment informed of my rights and responsibilities.</li><li>○ I understand that by signing this form, I am establishing the person signing this form as the legal parent of this child with all the rights and responsibilities of a legal parent of this child.</li><li>○ I consent to adding the name of the parent signing this form to the child's birth certificate.</li><li>○ If I am party to a gestational agreement, I have complied with all legal requirements for the agreement.</li><li>○ There is no court order or other Acknowledgment of Paternity or Parentage form naming another person as the parent of this child.</li></ul>			<i>I declare under the penalty of perjury that:</i> <ul style="list-style-type: none"><li>○ The information I have provided is true and correct.</li><li>○ I am the intended parent of the child named on this declaration who was born with assisted reproduction.</li><li>○ I have read and understand the rights and responsibilities described on the other side of this form.</li><li>○ I have been orally or through video or audio equipment informed of my rights and responsibilities.</li><li>○ I understand that by signing this form, I voluntarily consent to the establishment of parentage as the legal parent of this child with all the rights and responsibilities of a legal parent of this child.</li><li>○ I wish to be added to the child's birth certificate.</li><li>○ If I am party to a gestational agreement, I have complied with all legal requirements for that agreement.</li><li>○ There is no court order or other Acknowledgment of Paternity or Parentage naming another person as the parent of this child.</li></ul>	
SIGNATURE OF PARENT 1		DATE SIGNED	SIGNATURE OF PARENT 2	
			DATE SIGNED	
Section C: To Be Completed by The Witness			Section C: To Be Completed by The Witness	
PRINT NAME			PRINT NAME	
SIGNATURE		DATE SIGNED	SIGNATURE	
			DATE SIGNED	
HOSPITAL / AGENCY NAME			HOSPITAL / AGENCY NAME	
HOSPITAL / AGENCY ADDRESS (Number and Street)			HOSPITAL / AGENCY ADDRESS (Number and Street)	
HOSPITAL / AGENCY ADDRESS (City, State and ZIP Code)			HOSPITAL / AGENCY ADDRESS (City, State and ZIP Code)	

ALL IN GOOD HEALTH.