



Declaration of Parentage/Paternity: 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 declarations, 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 and payment.

Expiration Date - This form expires within one year from witnessed date signed. Once a year has passed a new Declaration will be required if not submitted to the State of Nevada, Office of Vital Records for processing.

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 must be witnessed by hospital staff and attached to the electronic birth record. Otherwise, it must be witnessed by the State Office of Vital Records in Carson City or Southern Nevada Health District in Las Vegas.

Fees - Hospital-based Declarations 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.

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 address below or emailing our office at ovrpaternity@health.nv.gov.

Department of Health and Human Services

Division of Public and Behavioral Health Nevada Office of Vital Records

4150 Technology Way Suite 104

Carson City, NV 89706

If Minor Parent #1 – the person who gave birth to the child is under 18 years of age their Parent or Legal Guardian must sign on behalf of the minor parent.

If Minor Parent #2- the person signing this form acknowledging parentage is under 18 years of age the Minor Parent Addendum must be completed and attached.

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 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.



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's First Name	Middle Name	Last Name	Suffix
	Date of Birth (Month, Day, Year)	Social Security Number		State or Foreign Country of Birth
	Current Address (Number, Street, City, State, ZIP Code)			
PARENT #2 INFORMATION	Parent's First Name	Middle Name	Last Name	Suffix
	Date of Birth (Month, Day, Year)	Social Security Number		State or Foreign Country of Birth
	Current Address (Number, Street, City, State & ZIP Code)			
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		
<p>I declare under the penalty of perjury that:</p> <ul style="list-style-type: none">○ The information I have provided is true and correct.○ I am the person who gave birth to the child.○ The person signing this form is acknowledging parentage of the child named on this declaration.○ I have read and understand the rights and responsibilities described on the other side of this form.○ I have been orally or through video or audio equipment informed of my rights and responsibilities.○ I understand that by signing this form, I voluntarily consent to the establishment of parentage as the legal parent of this child and accept all the rights and responsibilities of a legal parent of this child.○ I consent to adding the name of the parent signing this form to the child's birth certificate.○ A genetic test has not determined that another person is the legally presumed parent of this child.○ There is no court order or other Acknowledgment of Parentage/Paternity form naming another person as the parent of this child.		<p>I declare under the penalty of perjury that:</p> <ul style="list-style-type: none">○ The information I have provided is true and correct.○ I am signing this form as the intended parent of this child.○ I have read and understand the rights and responsibilities described on the other side of this form.○ I have been orally or through video or audio equipment informed of my rights and responsibilities.○ I understand that by signing this form, I voluntarily consent to the establishment of parentage as the legal parent of this child and accept all the rights and responsibilities of a legal parent of this child.○ I wish to be added to the child's birth certificate.○ A genetic test has not determined that another person is the legally presumed parent of this child.○ There is no court order or other Acknowledgment of Paternity/Parentage form naming another person as the parent of this child.		
SIGNATURE OF PARENT #1		DATE SIGNED	SIGNATURE OF PARENT #2	
If Minor Parent, the person who gave birth to the child, Parent or Legal Guardian Signature required			If Minor person signing this form acknowledging parentage: Parent Addendum required	
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)		