



# Birth Information Specialists Webinar Paternity Acknowledgement

Public Health Division  
Center for Public Health Practice  
Center for Health Statistics





# Today's Agenda

- AOP Overview
- Choosing the right form
- Checking the AOP form for accuracy & submitting it to the state
- Paternity Establishment Percentage

# Acknowledgment of Paternity Overview



# Responsibilities: Health Care Facilities and Parents



## ORS 432.093:

When the facility has reason to believe the mother of the child is unmarried, they must provide and submit the AOP form. The parents are responsible for the accurate completion of the form.

# Father's information

- Legal Form
- Father writes in his information, or at least signs off that it is correct



## IMPORTANT:

This is a legal document, once filed it is part of the permanent birth record

# Why are AOPs important?

- Benefits
- Taxes
- Travel
- Insurance





# Now for a poll!

Where should the father's information be pulled from?

1. Birth Worksheet
2. AOP

# Marital status: Collected on worksheet and OVERS

**LEGAL RELATIONSHIP OF PARENTS** (Page 2 of 2)

Did you have a legal spouse or Oregon Registered Domestic (same-sex) Partner at conception, at delivery, or within 300 days prior to delivery?  Yes  NO

If so, were you married?  Yes  NO

If not married, were you in an Oregon Registered Domestic (same-sex) Partnership?  Yes  NO

If you answered "no" to all of the questions above, will you and the father sign a paternity acknowledgment to establish legal paternity at this time?  Yes  NO

**CERTIFIED COPIES OF BIRTH RECORDS**

Parents can request to receive either a "Mother/Father" format or a "Parent/Parent" format on their child's birth certificate. I want to receive:  Mother/Father  Parent/Parent

**FATHER/SECOND PARENT** (Only complete this section if you answered "yes" to any of the questions in the section "Legal Relationship of Parents" AND you wish to include the father/second parent on the birth certificate. If you are married then you can **ONLY** list your spouse for the "Father/Second Parent" section below.)

Father/Second Parent's Name

First	Middle	Last	Suffix

Date of Birth: MM / DD / YYYY

Social security number:  Check if none

Birthplace: State COUNTRY

**FATHER/SECOND PARENT'S ATTRIBUTES**

/Legal Invalid/Medical Invalid/Uncertified/Not Registered/Legal Pending/Medical Pending

**Marital Status**

**Marital Information**

Was Mother Married at Conception, at Birth or within 300 days prior to Birth?  
No

**Paternity Information**

Has acknowledgement of paternity been signed in the hospital?  
Yes



# Marital status: Collected on worksheet and OVERS

LEGAL RELATIONSHIP OF PARENTS <span style="float: right;">(Page 2 of 2)</span>									
<p>Did you have a legal spouse or Oregon Registered Domestic (same-sex) Partner at conception, at delivery, or within 300 days prior to delivery? <input type="checkbox"/> Yes <input type="checkbox"/> NO</p> <p>If so, were you married? <input type="checkbox"/> Yes <input type="checkbox"/> NO</p> <p>If not married, were you in an Oregon Registered Domestic (same-sex) Partnership? <input type="checkbox"/> Yes <input type="checkbox"/> NO</p> <p>If you answered "no" to all of the questions above, will you and the father sign a paternity acknowledgment to establish legal paternity at this time? <input type="checkbox"/> Yes <input type="checkbox"/> NO</p>									
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<p>Father/Second Parent's Name</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">First</td> <td style="width: 20%;">Middle</td> <td style="width: 20%;">Last</td> <td style="width: 27%;">Suffix</td> </tr> </table>						First	Middle	Last	Suffix
First	Middle	Last	Suffix						
<p>Date of Birth</p> <p style="text-align: center;">MM / DD / YYYY</p>		<p>Social security number <input type="checkbox"/> Check if none</p>		<p>Birthplace State COUNTRY</p>					
FATHER/SECOND PARENT'S ATTRIBUTES									



# Best Practices for Birth Information Specialist when completing the AOP:

- Determine if the AOP form should be offered
- Provide the correct form. Print from OVERS.
- Ensure parents have heard the Rights and Responsibilities before completing the form
- Check the form for accuracy and completeness
- Submit the form to the state



# When to complete the AOP form: When the mother is not married

## ORS 432.088(9)(b):


If the mother is not married at the time of either conception or live birth, or within 300 days before the live birth, the name of the parent shall not be entered on the report of live birth unless a voluntary acknowledgment of paternity form or other form prescribed under ORS 432.098 is:

- (A) Signed by the mother and the person to be named as the parent; and
- (B) Filed with the state registrar



# Choosing the right form

## Form 45-31 vs. form 45-21.



**Voluntary Acknowledgment of Paternity Affidavit**

**THIS IS A LEGAL DOCUMENT**  
Fees: \$35 Filing fee  
\$25 Birth certificate

This document establishes paternity under ORS 432.098. Signatures of the parents below establish paternity and create legally binding duties upon both parents for the child named in this Affidavit, including duty for both parents to financially support the child. Do not sign until you understand your legal rights and responsibilities as stated on the back of this form. Complete in ink and do not alter.

**SECTION 1 – CHILD (as named on birth certificate)**

Child's name: First Middle Last Suffix (Example: Jr. or Sr.) **CSP USE ONLY**

Date of birth: (mm/dd/yyyy) Birthplace: City County Child's new last name: (as it should appear on birth certificate)

**SECTION 2 – NATURAL MOTHER OF CHILD**

Mother's name: First Middle Last Suffix (Example: Jr. or Sr.)

Present address: No. and street City State ZIP Social Security number: - -

Date of birth: (mm/dd/yyyy) Birthplace State: (if not United States, name country) Last name before any marriages: (Maiden name) Daytime telephone number: ( ) -

**SECTION 3 – NATURAL FATHER OF CHILD**

Father's name: First Middle Last Suffix (Example: Jr. or Sr.)

Present address: No. and street City State ZIP Social Security number: - -

Date of birth: (mm/dd/yyyy) Birthplace State: (if not United States, name country) Daytime telephone number: ( ) -

**SECTION 4 – LEGITIMATION**

Date of Marriage: / / County of Marriage:

**SECTION 5 – NOTARIZED SIGNATURES**

**Read and understand before you sign this document.**

This is a Class C felony for any person to make any false statement or supply false information intending that the information be used in the preparation of any certificate. The Statement of Rights and Responsibilities, which is on the reverse side of this Affidavit, must have been read to you prior to the signing of this Voluntary Acknowledgment of Paternity Affidavit.

I acknowledge the following: 1) I am the biological parent of the child; the above information is true; 2) the mother was not married to anyone at the time of the child's conception, birth, or anytime in between, or 300 days prior to the birth of the child; 3) I have not consented to the adoption of the child; 4) I have not determined that I am not the biological parent of the child; 5) I have not surrendered my parental rights to a public or private child-care agency, and have not had my parental rights terminated for this child; 6) I am signing this Affidavit for the purpose of establishing paternity of the child.

**MOTHER'S NAME AND SIGNATURE – DO NOT SIGN UNTIL NOTARY IS PRESENT**

(Mother's printed name) X (Mother's signature) (Date signed) / /

Signed in the State of \_\_\_\_\_ County of \_\_\_\_\_ **NOTARY SEAL**

This instrument was acknowledged before me on: \_\_\_\_\_ by \_\_\_\_\_ (Name of mother)

X \_\_\_\_\_ My commission expires: \_\_\_\_\_ (Date)

(Signature of notary officer)

**FATHER'S NAME AND SIGNATURE – DO NOT SIGN UNTIL NOTARY IS PRESENT**

(Father's printed name) X (Father's signature) (Date signed) / /

Signed in the State of \_\_\_\_\_ County of \_\_\_\_\_ **NOTARY SEAL**


This instrument was acknowledged before me on: \_\_\_\_\_ by \_\_\_\_\_ (Name of father)

X \_\_\_\_\_ My commission expires: \_\_\_\_\_ (Date)

(Signature of notary officer)

For Vital Records use only Date filed: \_\_\_\_\_ Per ORS 100.070(e) Paternity is established upon filing of this form by the State Registrar of the Center for Health Statistics

45-21 (10/16)



**Voluntary Acknowledgment of Paternity**

**THIS IS A LEGAL DOCUMENT**

This document establishes paternity under ORS 432.098. Do not sign until you understand your legal rights and responsibilities as stated on the back of this form. When both parents complete this document and their signatures are filed with the State Registrar, paternity is established and a legal duty for both parents to support the child is created. Complete in ink and do not alter.

**HOSPITAL USE ONLY**  
Oversees Case ID: \_\_\_\_\_

Last Suffix (Example: Jr. or Sr.): \_\_\_\_\_

(or health care facility name): \_\_\_\_\_

Last Suffix (Example: Jr. or Sr.): \_\_\_\_\_

Social Security number: \_\_\_\_\_

State ZIP Daytime telephone number: \_\_\_\_\_

Last Suffix (Example: Jr. or Sr.): \_\_\_\_\_

State ZIP Social Security number: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Per ORS 100.070(e), Paternity is established upon filing of this form by the State Registrar of the Center for Health Statistics.

45-31 (01/16)



# Use AOP 45-31: Hospital or Birthing Center



## Use AOP 45-31

- Mother is **still a patient at the facility**
- WITHIN 5 days after the date of birth
- Must be signed and dated IN FRONT of birth facility witness



## ...OR

- Send parents home with the Affidavit 45-21 if the parents leave without signing the hospital form
- Must be signed before a notary





# Q & A Break





## Before parents leave, make sure



- The child's name matches what is on the birth record
- The mother and father/second parents' names match the names on the birth record
- The date signed and date witnessed match
- Names and dates associated with signatures must be handwritten ONLY





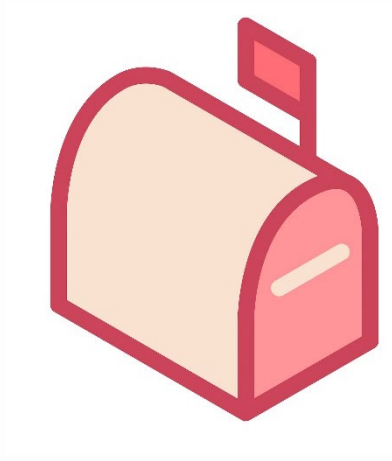
## Also make sure



- Minor alterations only, and must be initialed by the person making the change
- All fields on the form must be completed
- Include OVERS Case ID



# Submitting the AOP form to the state



- The form should be submitted as soon as possible – do not hold to mail in batches
- Order and use white prepaid envelopes
- The form ***must*** be mailed by the facility and **postmarked** within **14 days** of the child's date of birth



# What happens if paternity forms are late



- Delay birth certificate registration
- Father's name will be removed from the original birth certificate
- Parents now responsible for amendment fees

# Most common reasons state may reject the AOP form

- When parents' / witness signatures are not dated
- When parents' / witness signatures are missing
- There are cross-outs and alterations that are not initialed





# Would you Approve or Reject this AOP

**Do not sign until hospital witness is present.**

Moms name <small>Mother's printed name</small>	x <i>Moms signature</i> <small>Mother's signature</small>	1/2/2022 <small>Date signed</small>
HOSPITAL WITNESS NAME <small>Hospital witness' printed name</small>	x <i>hospital signature</i> <small>Hospital witness' signature</small>	1/2/2022 <small>Date witnessed</small>
Dads name <small>Father's printed name</small>	x <i>Dads signature</i> <small>Father's signature</small>	1/3/2022 <small>Date signed</small>
HOSPITAL WITNESS NAME <small>Hospital witness' printed name</small>	x <i>hospital signature</i> <small>Hospital witness' signature</small>	1/2/2022 <small>Date witnessed</small>

Name of hospital/facility: \_\_\_\_\_ City: \_\_\_\_\_

<b>FOR VITAL RECORDS USE ONLY</b>	Date filed: _____	Per ORS 109.070(e), Paternity is established upon filing of this form by the State Registrar of the Center for Health Statistics.
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45-31 (01/16)

# Would you Approve or Reject this AOP

**Do not sign until hospital witness is present.**

<u>Moms name</u> Mother's printed name	<input checked="" type="checkbox"/> <u>Moms signature</u> Mother's signature	<u>1/2/2022</u> Date signed
<u>HOSPITAL WITNESS NAME</u> Hospital witness' printed name	<input checked="" type="checkbox"/> <u>hospital signature</u> Hospital witness' signature	<u>1/2/2022</u> Date witnessed
<u>Dads name</u> Father's printed name	<input checked="" type="checkbox"/> <u>Dads signature</u> Father's signature	<u>1/2/2022</u> Date signed
<u>HOSPITAL WITNESS NAME</u> Hospital witness' printed name	<input checked="" type="checkbox"/> <u>hospital signature</u> Hospital witness' signature	<u>1/2/2022</u> Date witnessed

Name of hospital/facility:	City:
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<b>FOR VITAL RECORDS USE ONLY</b>	Date filed:	Per ORS 109.070(e), Paternity is established upon filing of this form by the State Registrar of the Center for Health Statistics.
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45-31 (01/16)

# Poll: Would you Approve or Reject this AOP

Establishing paternity of the child.

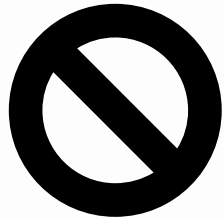
**Do not sign until hospital witness is present.**

Moms name <small>Mother's printed name</small>	<input checked="" type="checkbox"/> <i>Moms signature</i> <small>Mother's signature</small>	<u>1/2/2022</u> <small>Date signed</small>
HOSPITAL WITNESS NAME <small>Hospital witness' printed name</small>	<input checked="" type="checkbox"/> <i>hospital signature</i> <small>Hospital witness' signature</small>	<u>1/2/2022</u> <small>Date witnessed</small>
Dads name <small>Father's printed name</small>	<input checked="" type="checkbox"/> <small>Father's signature</small>	<u>1/2/2022</u> <small>Date signed</small>
HOSPITAL WITNESS NAME <small>Hospital witness' printed name</small>	<input checked="" type="checkbox"/> <i>hospital signature</i> <small>Hospital witness' signature</small>	<u>1/2/2022</u> <small>Date witnessed</small>
Name of hospital/facility:		City:
<b>FOR VITAL RECORDS USE ONLY</b>	Date filed:	Per ORS 109.070(e), Paternity is established upon filing of this form by the State Registrar of the Center for Health Statistics.

45-31 (01/16)



# What Happens if AOP Form is Rejected?



- We register the record without the father.
- We send out a rejection letter and an AOP Affidavit.
- Parents have 30 days to fill out the form and have it notarized. We will process it at no fee if received by deadline.
- After the 30 days the parents are responsible for paying the amendment fee.





# Common barriers and suggested solutions

Barriers	Suggested Solutions
Father/Parent couldn't get to facility in time to sign AOP before the Mother was discharged.	Provide 45-21 Affidavit Form, notarized signatures will be required.
Mother is married, but not to the biological Father	AOPs are for mothers who are NOT MARRIED at all.
A parent wants to withdraw paternity	Either parent may obtain and have notarized a "Rescind of Paternity" form
Child is being transferred to a different facility	If the child and mother are still under the 5 day period to have the form signed, they can sign at the second facility.
I am with a parent and I have a question	Call or email Kristen Farrell and she will assist you. You may also hand out her contact information to parents.



# Paternity Establishment Percentage Update

- Number of paternities established in current year/unmarried births in the previous year
- State is required to meet 90%
- Federal performance measure
- Division of Child Support and DHS-TANF program get federal funds if attain 90% or more



# Paternity Establishment Percentage Update

- Paternity established at the hospital with 45-31 the most important part of the PEP

October 1, 2020 – September 30, 2021

14,944 paternities established in Oregon

11,902 (79.63%) were Hospital AOPs

- Your work getting AOPs completed is really important!

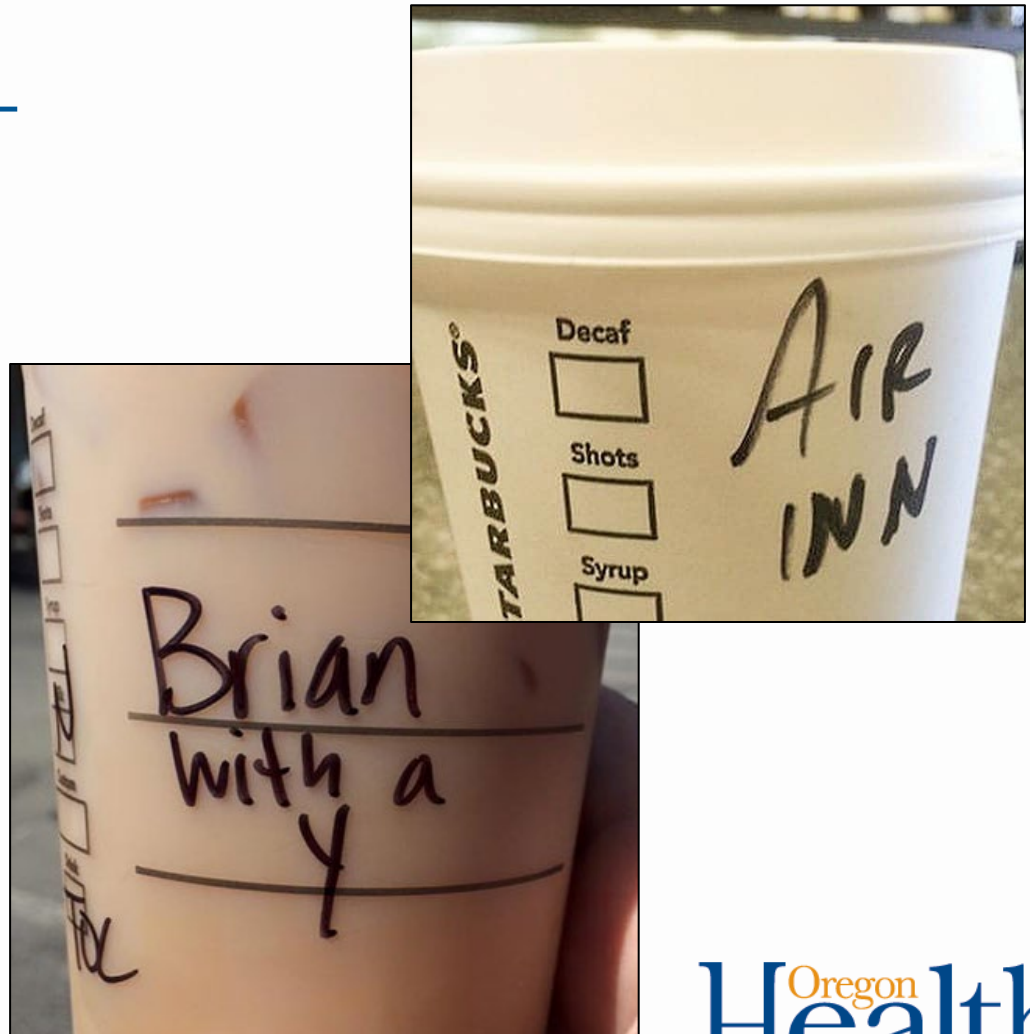
# What you do is important

PLACE OF BIRTH		PORTLAND, OREGON	
County of Multnomah		Register No. 4407	
City of Portland, Oregon, (No. 510 St. Johns Ave., St. Johns Street)		Full Name of Child, if Named: Ralph Fred Arnholz	
SEX OF CHILD	Males	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
FULL NAME	Fred Arnholz	I hereby certify that I attended the birth of this child, who was Born alive at 2 A. M., on the date above stated.	
RESIDENCE	510 St. Johns Ave.	(Born alive or stillborn)	
COLOR	White	(Signature)	Mrs. Appleby
BIRTHPLACE	Russia	Nurse	
OCCUPATION	Carpenter	(Physician or Midwife)	
Number of children born to this mother, include stillborns	1	Address	Jersey St.
CER	FILED 1913	Give name added from a supplemental report	
I hereby certify that I attended the birth of this child, who was Born alive at 2 A. M., on the date above stated.		*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	
Give name added from a supplemental report		Address	
May 25 1946		Jersey St.	
FILED 1913			

# WHAT YOU DO IS IMPORTANT

- MICHEAL vs MICHAEL

- Smith Jones vs Smith-Jones







# Resources

Paternity Forms and Instructions:

<https://bit.ly/2KUj7Hv>

Order form: <https://bit.ly/2IQNZZ3>

Division of Child Support webpage:

<https://bit.ly/2LuU3rV>



# Resources

Amendments Team Email

[CHS.Amendments@oha.oregon.gov](mailto:CHS.Amendments@oha.oregon.gov)

Vital Records Trainer

[CHS.PartnerServices@oha.oregon.gov](mailto:CHS.PartnerServices@oha.oregon.gov)





# Q & A Break





**Thank you!**