

**DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE OF PUBLIC HEALTH  
LOUISIANA VITAL RECORDS REGISTRY**

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**Instructions for completing the Paternity Declaration Form**

Acts 1995, No. 954 provides:

R.S. 40:34(E) If the child is a child born outside of marriage as provided in Civil Code Art. 180 and the natural father is known to the mother, she shall complete and sign a paternity affidavit form issued by the vital records registry which shall include the name and date of birth of the child, full name of the father, his mailing address, his street address or location where he can be found, his date of birth, the name of his parent or guardian if he is a minor, his state and city of birth, his social security number and his place of employment, if known. Within fifteen days after the date of admission, the hospital or birthing facility shall forward the form to support enforcement services, office of family support, department of social services, with such information as the mother has provided. If the birth occurred at a location other than a licensed hospital or birthing facility, the form shall be completed at the time the home birth is recorded by the vital records registry and submitted to support enforcement services within fifteen days thereafter. If the natural father has not executed an acknowledgement of paternity, the mother shall sign as the informant unless she is medically unable or mentally incompetent in which case her guardian or legal representative shall sign.

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The Paternity Declaration Form is an important legal document. It must be completed in ink (handwritten, typewritten or computer generated). If the document is handwritten, all items other than signatures must be printed. **THIS DECLARATION HAS NO EFFECT ON THE BIRTH RECORD.**

A Paternity Declaration Form containing a correction or alteration will be accepted only when the correction or alteration has been initialed by the person making the declaration and the witness.

Accurate information is important. Adhere to the following instructions carefully:

- Prepare the document in ink.
- The person making the declaration and the witness must initial any corrections.
- Complete all items.
- In order for the child to benefit from this process, the father's information must be complete and accurate, if the mother is unable to obtain information to complete any one of the items, please enter "Unknown".

Mail the completed paternity Declaration form with in fifteen days of the date of admission to:

PATERNITY ACKNOWLEDGEMENT PROGRAM  
SUPPORT ENFORCEMENT SERVICES  
PO BOX 94065  
BATON ROUGE, LA 70804-4065

Questions regarding this document should be addressed to the Local Registrar of Vital Records at the Parish Health Unit in the parish of birth of the registrant. Alternatively, questions and/or comments maybe submitted to the Office of the Registrar of Vital Records, PO Box 60630, New Orleans, LA 70160.

**STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE OF PUBLIC HEALTH**

**VITAL RECORDS REGISTRY  
PATERNITY DECLARATION FORM  
(FOR IN HOSPITAL USE ONLY)**

**HOSPITAL OR BIRTH FACILITY INFORMATION**

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NAME:

FACILITY ADDRESS:

**BIRTH REGISTRANT INFORMATION**

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NAME OF BIRTH REGISTRANT:

DATE OF BIRTH:

**MOTHER'S INFORMATION**

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MOTHER'S FULL MAIDEN NAME:

DATE OF BIRTH:

ADDRESS:

SOCIAL SECURITY NUMBER:

**FATHER'S INFORMATION**

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FATHER'S FULL NAME:

DATE OF BIRTH:

STATE OF BIRTH:

CITY OF BIRTH:

SOCIAL SECURITY NUMBER:

NAME OF PARENT OR GUARDIAN (IF MINOR):

STREET ADDRESS OR LOCATION:

MAILING ADDRESS:

PLACE OF EMPLOYMENT:

ADDRESS OF EMPLOYER:

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The information provided above is true to the best of my knowledge. I have been advised that LSA R.S. 40:61 provides:

- A. A fine of not more than ten thousand dollars or imprisonment of not more than five years, or both, shall be imposed on:
- (1) Any person who willfully and knowingly makes any false statement in a certificate, record or report required by this chapter, or in an application for a certified copy of a vital record, or who willfully and knowingly supplies false information intending that such information be used in the preparation of any such report, record, or certificate, or amendment thereof: or....

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Signature of Mother (Guardian or Legal Representative, if  
Medically Unable or Mentally Incompetent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date