



PATERNITY ACKNOWLEDGMENT • FORM 3940 (REVISED 07/2024)

PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY IN BLUE OR BLACK INK. WHITE-OUTS, CROSS-OUTS, AND ALTERATIONS ARE NOT ALLOWED.
PLEASE SEE PAGE TWO FOR INSTRUCTIONS.

Section 1: FOR STATE OFFICE OF VITAL RECORDS ONLY

DATE RECEIVED:	STATE FILE NUMBER:
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Section 2: CHILD/PARENT'S INFORMATION

FACILITY NAME:

We are requesting that the name of the biological father be placed on the birth certificate and that the child be named:

CHILD'S FIRST NAME	CHILD'S MIDDLE NAME	CHILD'S LAST NAME	GENERATION (JR., II, III, ETC.)
CHILD'S SEX Check One: FEMALE MALE	CHILD'S DATE OF BIRTH	CHILD'S COUNTY OF BIRTH	WAS THIS A FETAL DEATH OR STILLBIRTH Check One: Yes NO
FATHER'S LEGAL FIRST NAME	FATHER'S LEGAL MIDDLE NAME	FATHER'S LEGAL LAST NAME	GENERATION (JR., II, III, ETC.)

The father acknowledges that he is the biological (natural) father of the child born to:

MOTHER'S LEGAL FIRST NAME	MOTHER'S LEGAL MIDDLE NAME	MOTHER'S LEGAL LAST NAME AT BIRTH
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Section 3: MOTHER'S INFORMATION

By signing this document, you are stating that you read and understood all its provisions, including those printed on the instructions page of this document, and that the facts stated in this document are true. Pursuant to O.C.G.A. § 31-10-31, anyone making a false statement on this document may go to prison for up to five years and be fined up to \$10,000.

MOTHER'S INFORMATION: ADDRESS (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE)

DATE OF BIRTH	PLACE OF BIRTH (STATE IN U.S. OR COUNTRY IF NOT U.S.)	SOCIAL SECURITY NUMBER (WRITE NONE IF MOTHER WAS NEVER ISSUED ONE.)
MOTHER'S SIGNATURE	PARENT/LEGAL GUARDIAN'S SIGNATURE (IF MOTHER IS A MINOR UNDER AGE 18, A PARENTAL CONSENT IS RECOMMENDED.)	

Section 4: MOTHER'S NOTARY INFORMATION

STATE OF _____ COUNTY OF _____ SIGNED OR ATTESTED BEFORE ME ON (DATE): _____ BY (PRINTED NAME OF MOTHER SIGNING DOCUMENT): _____ WHO HAS PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON WHO APPEARED BEFORE ME. IDENTIFICATION TYPE: _____ NOTARY SIGNATURE: _____ MY COMMISSION EXPIRES ON (DATE): _____	PLEASE PLACE THE NOTARY SEAL BELOW 
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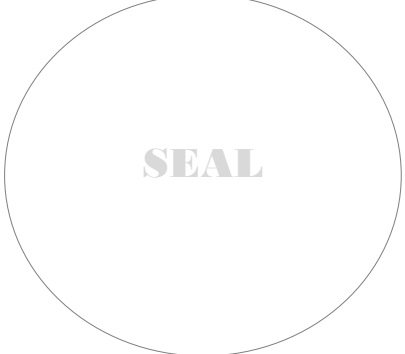
Section 5: FATHER'S INFORMATION

By signing this document, you are stating that you read and understood all its provisions, including those printed on the instructions page of this document, and that the facts stated in this document are true. Pursuant to O.C.G.A. § 31-10-31, anyone making a false statement on this document may go to prison for up to five years and be fined up to \$10,000.

FATHER'S INFORMATION: ADDRESS (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE)

DATE OF BIRTH	PLACE OF BIRTH (STATE IN U.S. OR COUNTRY IF NOT U.S.)	SOCIAL SECURITY NUMBER (WRITE NONE IF FATHER WAS NEVER ISSUED ONE.)
FATHER'S SIGNATURE	PARENT/LEGAL GUARDIAN'S SIGNATURE (IF FATHER IS A MINOR UNDER AGE 18, A PARENTAL CONSENT IS RECOMMENDED.)	

Section 6: FATHER'S NOTARY INFORMATION

STATE OF _____ COUNTY OF _____ SIGNED OR ATTESTED BEFORE ME ON (DATE): _____ BY (PRINTED NAME OF FATHER SIGNING DOCUMENT): _____ WHO HAS PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON WHO APPEARED BEFORE ME. IDENTIFICATION TYPE: _____ NOTARY SIGNATURE: _____ MY COMMISSION EXPIRES ON (DATE): _____	PLEASE PLACE THE NOTARY SEAL BELOW 
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PURPOSE

The Paternity Acknowledgment (PA) is a voluntary agreement between the mother and the biological father to add the father's name to the birth record. The PA helps establish the father and child relationship. The child's name can also be changed within the first year of birth if agreed upon by both the mother and father. A PA cannot be used if **the mother was married to anyone within 10 months before the birth of this child or if, for any reason, there is another father of this child listed on the child's birth certificate.**

The PA, once completed and signed in the presence of a notary public, will be forwarded to the State Office of Vital Records where it will be entered into the State Putative Father Registry and considered a Vital Record. If both parents do not sign a PA before leaving the hospital or birthing facility, only the mother's name and the child's name will be entered on the birth certificate. The PA may be signed before a notary later and mailed to the State Office of Vital Records. Upon receipt of an acceptable PA form, the certificate of birth will be amended to add the name of the father and to change the child's name, if requested. For information on how to rescind a signed PA, contact either the State Office or a local County Vital Records Office.

Notice: Establishment of paternity does not entitle the father to custody, visitation, or rights of inheritance from or to a child. Those rights must be established by the filing of a petition for legitimation with the court.

MINOR PARENT

An unwed parent under the age of 18 may sign the PA form without parental consent. However, parental consent is recommended.

RESCISSION

Either the mother or biological father has 60 days from the date of his/her signature to request to rescind this PA. After the 60-day rescission period has ended, this signed document may constitute a legal determination of paternity and can only be challenged in a court of law based on fraud, duress, or material mistake of fact, with the burden of proof on the person challenging the acknowledgment. See Rescission Form 3956 <https://dph.georgia.gov/document/document/rescission-statement-form-pdf/download>

Notice: The Rescission Form does not remove the father. To have the father's name removed or other amendment made to the birth certificate, a determination of paternity must be made by a court of competent jurisdiction pursuant to OCGA 31-10-23. A certified copy of the court order that determines paternity and directs the amendment of the birth certificate of the child named above must be furnished to the State Office of Vital Records before this action can occur.

RIGHTS & RESPONSIBILITIES

1. Signing the PA is strictly voluntary.
2. The mother should not sign the PA unless she is confident that the father signing is the biological father of this child.
3. The father should not sign the PA unless he is confident that he is the biological father of this child.
4. By signing this document, it will be presumed by law that the male signer is the biological father of this child, and the child's birth certificate will reflect this fact.
5. Any change made to the birth record in the future regarding the child's information, mother's information, or father's information will require a court order.
6. The PA must be notarized and filed with the State Office of Vital Records within 30 days of execution.
7. Each parent is entitled to a copy of the PA after it has been signed and notarized.

Notice: There is a \$10.00 processing fee for this form if the request is submitted after one year. If this request is being mailed, please forward this completed form with a U.S. Money Order or certified check for the correct amount made payable to the State Office of Vital Records. A valid copy of your Photo ID must accompany this request. Please do not send cash by mail.

COMMON PATERNITY ACKNOWLEDGMENT REJECTION ERRORS

1. White-outs and cross-outs.
2. Mother married or married 10 months prior to conception.
3. Social security fields incomplete.
4. Check boxes unchecked.
5. Child's county of birth incomplete.
6. Parents place of birth incomplete.
7. Notary signature error.

PLEASE SEE PAGE 3 TO REVIEW A SAMPLE PATERNITY ACKNOWLEDGMENT FORM.



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Section 1: FOR STATE OFFICE OF VITAL RECORDS ONLY

DATE RECEIVED: 3/18/2024 STATE FILE NUMBER: 2024GA000012345

Section 2: CHILD/PARENT'S INFORMATION FACILITY NAME: Grady Hospital

We are requesting that the name of the biological father be placed on the birth certificate and that the child be named:

CHILD'S FIRST NAME <u>August</u>	CHILD'S MIDDLE NAME <u>Hope</u>	CHILD'S LAST NAME <u>Day</u>	GENERATION (JR., II, III, ETC.)
CHILD'S SEX Check One: <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> MALE	CHILD'S DATE OF BIRTH <u>03/15/2024</u>	CHILD'S COUNTY OF BIRTH <u>Fulton</u>	WAS THIS A FETAL DEATH OR STILLBIRTH Check One: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO
FATHER'S LEGAL FIRST NAME <u>Sonny</u>	FATHER'S LEGAL MIDDLE NAME <u>Harold</u>	FATHER'S LEGAL LAST NAME <u>Day</u>	GENERATION (JR., II, III, ETC.)

The father acknowledges that he is the biological (natural) father of the child born to:

MOTHER'S LEGAL FIRST NAME <u>Hilary</u>	MOTHER'S LEGAL MIDDLE NAME <u>Hope</u>	MOTHER'S LEGAL LAST NAME AT BIRTH <u>Walker</u>
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Section 3: MOTHER'S INFORMATION

By signing this document, you are stating that you read and understood all its provisions, including those printed on the instructions page of this document, and that the facts stated in this document are true. Pursuant to O.C.G.A. § 31-10-31, anyone making a false statement on this document may go to prison for up to five years and be fined up to \$10,000.

MOTHER'S INFORMATION: ADDRESS (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE)
1680 Phoenix Boulevard, Suite 100, Atlanta, GA 30349

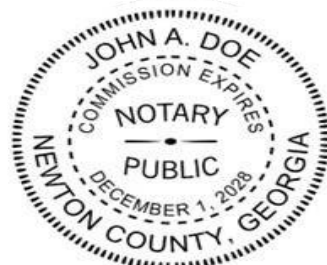
DATE OF BIRTH <u>02/01/1982</u>	PLACE OF BIRTH (STATE IN U.S. OR COUNTRY IF NOT U.S.) <u>Atlanta, Georgia</u>	SOCIAL SECURITY NUMBER (WRITE NONE IF MOTHER WAS NEVER ISSUED ONE.) <u>123-45-6789</u>
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MOTHER'S SIGNATURE <u>Hilary Walker</u>	PARENT/LEGAL GUARDIAN'S SIGNATURE (IF MOTHER IS A MINOR UNDER AGE 18, A PARENTAL CONSENT IS RECOMMENDED.)
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Section 4: MOTHER'S NOTARY INFORMATION

STATE OF Georgia COUNTY OF Newton
SIGNED OR ATTESTED BEFORE ME ON (DATE): 3/16/2024
BY (PRINTED NAME OF MOTHER SIGNING DOCUMENT):
Hilary Hope Walker
WHO HAS PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON WHO APPEARED BEFORE ME.
IDENTIFICATION TYPE: Driver's License
NOTARY SIGNATURE: John A. Doe
MY COMMISSION EXPIRES ON (DATE): 12/1/2028

PLEASE PLACE THE NOTARY SEAL BELOW



Section 5: FATHER'S INFORMATION

By signing this document, you are stating that you read and understood all its provisions, including those printed on the instructions page of this document, and that the facts stated in this document are true. Pursuant to O.C.G.A. § 31-10-31, anyone making a false statement on this document may go to prison for up to five years and be fined up to \$10,000.

FATHER'S INFORMATION: ADDRESS (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE)
1680 Phoenix Boulevard, Suite 100, Atlanta, GA 30349

DATE OF BIRTH <u>01/01/1980</u>	PLACE OF BIRTH (STATE IN U.S. OR COUNTRY IF NOT U.S.) <u>Huntsville, Alabama</u>	SOCIAL SECURITY NUMBER (WRITE NONE IF FATHER WAS NEVER ISSUED ONE.) <u>987-12-4567</u>
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FATHER'S SIGNATURE <u>Sonny Day</u>	PARENT/LEGAL GUARDIAN'S SIGNATURE (IF FATHER IS A MINOR UNDER AGE 18, A PARENTAL CONSENT IS RECOMMENDED.)
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Section 6: FATHER'S NOTARY INFORMATION

STATE OF Georgia COUNTY OF Newton
SIGNED OR ATTESTED BEFORE ME ON (DATE): 3/16/2024
BY (PRINTED NAME OF FATHER SIGNING DOCUMENT):
Sonny Harold Day
WHO HAS PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON WHO APPEARED BEFORE ME.
IDENTIFICATION TYPE: Driver's License
NOTARY SIGNATURE: John A. Doe
MY COMMISSION EXPIRES ON (DATE): 12/1/2028

PLEASE PLACE THE NOTARY SEAL BELOW

