

## Acknowledgement of Paternity Questionnaire

**Please mark All that Apply to Mother**

- Have you ever signed an AOP with this man or any other man for this child before?
- Have a court order on this child or an active case with the Attorney General's Office.
- Have you been married or did you marry someone other than the biological father of this child within 300 days of the birth of this child?
- Been divorced within 300 days of the birth of this child? Divorce Date \_\_\_\_\_
- All parties cannot be here to sign their portion of the AOP, due to living in another state, active military, or incarcerated? (Please circle which on if so.)
- Has paternity-genetic testing been done?
- Never married.

**Child's Information**      Child's Legal Name (As currently appears on the birth certificate)

First	Middle	Last
Date of Birth	City & County of Birth	Hospital / Facility Name
If you wish to change your child's last name to reflect father's name, please state new name of child.		

**Mother's Information**

First	Middle	Current Last	Maiden
Date of Birth / /	Social Security # - -	Current Marital Status Married   Divorced   Never Married	Married within 300 Days Yes   No
Address		City	State
County	Zip	Inside City limits Yes   No	Phone # - -

**Biological Father's Information**

First	Middle	Current Last	
Date of Birth / /	Social Security # - -	Paternity Genetic Testing Yes   No	State or Foreign Country of Birth
Address		City	State
County	Zip	Inside City Limits Yes   No	Phone # - -

Presumed Father is any man, who was married to the mother at the time of birth, an ex-husband with 300 days of a divorce, unless divorce decree states no children of this marriage, or any man who lived with the child for the first two years of the child's life.

**Presumed Father's Information**

First	Middle	Current Last
Date of Birth / /	Social Security # - -	
Address		City      State
County	Zip	Phone # - -