

Ohio Department of Job and Family Services  
**ACKNOWLEDGMENT OF PATERNITY AFFIDAVIT**  
Ohio Revised Code Section 3111.31

*(Please read the important information on this page before completing the affidavit)*

**Notice of Rights and Responsibilities and Due Process Safeguards**

Completion of the Acknowledgment of Paternity affidavit is voluntary.

If a man voluntarily acknowledges that he is the biological parent of a child by signing an acknowledgment of paternity affidavit (hereafter paternity affidavit), he assumes a parental duty of support for the child, which may be enforced through a child support order.

Both parents who sign this paternity affidavit waive any right to bring a court action to establish paternity pursuant to sections 3111.01 to 3111.18 of the Revised Code or to make a request for an administrative determination of a parent and child relationship pursuant to section 3111.38 of the Revised Code, other than a court action filed to rescind the paternity affidavit.

There are some circumstances under which either parent may rescind the paternity affidavit after it is signed (pursuant to sections 3111.27, 3111.28, and 3119.961 of the Revised Code). To rescind the paternity affidavit, no later than 60 days after the date of the latest signature on the acknowledgment of paternity affidavit, either parent who signed it must do ALL of the following:

1. Request an administrative determination of a parent and child relationship from the county child support enforcement agency (CSEA) in which the child, guardian, or legal custodian of the child resides;
2. Complete a JFS 07029, "Request for Paternity Determination and Notification to Central Paternity Registry"; AND
3. Appear for genetic testing.

After the 60 day period and within one year after the paternity affidavit becomes final pursuant to sections 2151.232, 3111.25 or 3111.821 of the Revised Code, a man presumed to be the father of the child pursuant to section 3111.03 of the Revised Code who did not sign the acknowledgment, either person who signed the acknowledgment, or a guardian or legal custodian of the child may file an action with the court to rescind the paternity affidavit on the basis of fraud, duress, or material mistake of fact.

A man who is determined to be the father of a child has the right to petition a court for an order granting him reasonable parenting time with respect to the child (pursuant to section 3109.12 of the Revised Code) and petition the court for custody of the child (pursuant to section 2151.23 of the Revised Code). Pursuant to section 3109.042, an unmarried female who gives birth to a child is the sole residential parent and legal custodian of the child until a court issues an order designating another person as the residential parent and legal custodian. The court will treat the mother and father on an equal standing when making this designation.

If you are not sure if the man is the child's biological father, paternity may be established through genetic testing. Testing can be arranged, usually without charge, through the CSEA if a court or an administrative action to establish paternity is filed. If testing is desired, do not sign the paternity affidavit, instead contact the local CSEA and request genetic tests. If the test shows that the man is the father, the agency will then issue an administrative order establishing paternity and may proceed to determine a child support order.

**Purpose of this Affidavit**

The purpose of the paternity affidavit is to acknowledge the legal existence of a father and child relationship through voluntary paternity establishment.

**This paternity affidavit CANNOT be signed if:**

- A man is already the legal father of the child under a court or administrative order or a paternity affidavit that has become final;
- The man signing the affidavit has already been excluded as the biological father of the child by court or administrative order; or
- Another man is presumed to be the biological father of the child. Pursuant to Ohio Revised Code section 3111.03, a man is presumed to be the biological father of a child when:
  1. The man is married to the child's mother at the time of the child's birth; or
  2. The man and the child's mother were married to each other and the child is born within 300 days after the marriage is ended by court order or by the death of the man or the mother; or
  3. The man and the child's mother were married to each other and the child is born after the man and the child's mother file a separation agreement in court; or
  4. The man signed an Acknowledgment of Paternity Affidavit that has been filed with the Ohio Department of Job & Family Services and the Acknowledgment has not become final.

**Instructions**

\* Type or print legibly in dark blue or black ink.

\* This form must be printed on legal sized paper.

\* All required spaces in the child's, mother's, and father's sections must be filled out.

\* Both the biological father and mother of the child are required to sign this affidavit. The affidavit may be signed by a parent without being in the other parent's presence. EACH parent's signature MUST be notarized OR witnessed by two adult witnesses at the time of signing. Neither parent may sign as a witness to the other parent's signature.

\* After the affidavit has been completed, signed, and notarized or witnessed, it must be sent within 10 calendar days of the last signature to the following address:

Central Paternity Registry  
PO Box 183206  
Columbus, OH 43218-3206

\* You can contact the Central Paternity Registry if you have any questions toll free at 1-888-810-6446.

**\*Please type or print in dark blue or black ink\***

**CHILD'S INFORMATION**

Name (First) Baby		(Middle) Allen	(Last) Buck	Suffix, if applicable (i.e. Jr/Sr)	
Date of Birth ((Mo/Day/Year) 07/31/2023		Place of Birth (City) Columbus		(State) Ohio	(County) Franklin
Current Residence (Full Street Address) 30 East Broad Street			(City) Columbus	(State) Ohio	(Zip) 43215
If a birth certificate for the child has already been filed, do you now wish to <u>change</u> the child's name? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If "YES", give the child's <u>new</u> name (First)		(Middle)	(Last)	Suffix, if applicable (i.e. Jr/Sr)	

**MOTHER'S INFORMATION**

*(Name at the time of child's birth)*

Name (First) Jane		(Middle) Alicia	(Last) Doe	Maiden Name	
Address (Full Street Address) 30 East Broad Street			(City) Columbus	(State) Ohio	(Zip) 43215
Date of Birth ((Mo/Day/Year) 5/26/1995			Social Security Number (If you do not have a SSN enter N/A) 123-45-6789		
Phone Number (Optional)			You are required to provide your social security number in accordance with federal law at 42 USC 666, your social security number will be used for child support purposes only.		

**FATHER'S INFORMATION**

Name (First) John		(Middle) Allen	(Last) Buck	Suffix, if applicable (i.e. Jr/Sr)	
Address (Full Street Address) 30 East Broad Street			(City) Columbus	(State) Ohio	(Zip) 43215
State or Country of Birth Ohio			Date of Birth ((Mo/Day/Year) 02/23/1995		
Phone Number (Optional)			Social Security Number (If you do not have a SSN enter N/A) 987-65-4321		
You are required to provide your social security number in accordance with federal law at 42 USC 666, your social security number will be used for child support purposes only.					

**ACKNOWLEDGMENT BY BIOLOGICAL PARENTS**

Under penalties of perjury, WE HEREBY DECLARE that we have read or had read to us all information on this form; the foregoing Acknowledgment of Paternity and that the facts stated in it are true to the best of our knowledge and belief; that we have received information about our legal rights and responsibilities; that we consent to the jurisdiction of the courts of this state; and that we are the biological parents of the child named on this form and that we assume the parental duty of support of the child.

Signature of Biological Father	Signature of Biological Mother
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**IF NOTARIZED**

Before me appeared the above named person who signed this affidavit under oath or by affirmation on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, in State of \_\_\_\_\_, County of \_\_\_\_\_.

Before me appeared the above named person who signed this affidavit under oath or by affirmation on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, in State of \_\_\_\_\_, County of \_\_\_\_\_.

(SEAL)

(SEAL)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Expiration of Commission

\_\_\_\_\_  
Expiration of Commission

**OR, IF NOT NOTARIZED ABOVE, WITNESSED BELOW**

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

Witness: \_\_\_\_\_  
Printed Name Signature

Witness: \_\_\_\_\_  
Printed Name Signature

Witness: \_\_\_\_\_  
Printed Name Signature

Witness: \_\_\_\_\_  
Printed Name Signature

EBC #	CSEA #	Registrar #	CPR #	ODH File #
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