



VOLUNTARY ACKNOWLEDGMENT OF PARENTAGE

PARENT 1	1. Parent's Current Legal Name (First, Middle, Last, Suffix)		
	2. Social Security Number	3. Date of Birth (mm/dd/yyyy)	4. Birthplace (State, Territory or Foreign Country)
	5. Residence Address (Street and Number, City/Town, State, Zip Code)		
	6. Parent's Current Legal Name (First, Middle, Last, Suffix)		
PARENT 2	7. Social Security Number	8. Date of Birth (mm/dd/yyyy)	9. Birthplace (State, Territory or Foreign Country)
	10. Residence Address (Street and Number, City/Town, State, Zip Code)		
	11. Hispanic Origin <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Race	13. Education
	14. ID Type: _____	15. ID #: _____	16. EXP.: _____
CERTIFICATION	<p>We understand that Rhode Island law provides a penalty of \$1,000 or a one (1) year imprisonment, or both, for furnishing false information to the Center for Vital Records. Being aware of this penalty, we hereby declare the following to be true and correct: (Please check one of the following blocks and complete any spaces where information is requested):</p>		
	The marital status of _____ is as follows: <i>Parent 1 Name</i>		
	<input type="checkbox"/>	NEVER MARRIED	
	<input type="checkbox"/>	WIDOWED _____ <i>(Date and Place of Spouse's Death)</i>	
	<input type="checkbox"/>	Divorced/Separated. The Divorce/Separation became final on _____ in _____ <i>(Date of Final Decree)</i> <i>(Name of State)</i>	
	<input type="checkbox"/>	MARRIED WITH DENIAL	
	<input type="checkbox"/>	MARRIED	
	We are the parents of _____ child born on _____ at _____ <i>(DOB)</i>		
	_____ located in _____, <i>(place of birth)</i> <i>(city, town)</i>		
	_____ (County) in Rhode Island and wish the Child Name to appear as _____ <i>(First, Middle, Last)</i> <i>* Please note: Once the last name is selected, court action is required to change name.</i>		
This acknowledgment will authorize the entry of the parent's name on the child's birth certificate.			
<input type="checkbox"/>	We agree that we are both the parents of the child who is named in the above Certification. Accordingly, as the parents, we request that our names appear on the birth certificate as the parents of said child and have furnished the identification information listed herein.		
<input type="checkbox"/>	We have read or have had read to us the Notice Regarding the Legal Rights and Responsibilities resulting from signing the Voluntary Acknowledgment of Parentage provided to you in a separate document. We declare the above to be true and correct.		
	_____ <i>(Signature of Parent 1)</i>	_____ <i>(Signature of Parent 2)</i>	
	_____ <i>(Date)</i>	_____ <i>(Date)</i>	
WITNESS	It is my understanding that the individuals who signed this document are either the individual who gave birth to the child, or the individual that is seeking to establish a parent child relationship.		
	Printed Witness Name	Witness Signature	Date