

(1) Person Filing: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Day/Evening Phone: \_\_\_\_\_ / \_\_\_\_\_  
 Represented by [ ] SELF (No Attorney) OR [ ] Attorney  
 If Attorney, Bar No.: \_\_\_\_\_  
 Atty. Phone: \_\_\_\_\_



For Clerk's use only

**SUPERIOR COURT OF ARIZONA IN YAVAPAI COUNTY**

(2) \_\_\_\_\_  
 Person Filing (Petitioner)

(3) Case No. 1300DO

(4) ATLAS No. \_\_\_\_\_  
 (if applicable)

\_\_\_\_\_  
 Parent (Respondent)

**VOLUNTARY ACKNOWLEDGMENT  
 OF PATERNITY A.R.S. § 25-812**

(5) **The Clerk is requested to issue an order establishing paternity for the following:** (list names as they appear on birth certificates, if any.)

NAME(S):	First	Middle	Last
(a)			
(b)			
(c)			

**who were born on this date and at this location (below):** (list in same order as above.)

	Month / Day / Year	City, State, and Nation of Birth
(a)		
(b)		
(c)		

(6) Mother's Full Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**The natural mother of the minor children was not married at the time of birth or at any time during the ten months prior to birth. The natural father is:**

(7) Father's Full Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Birthplace: (City, State, Country) \_\_\_\_\_  
 Current Address: \_\_\_\_\_

**The parents request the Court to Order the Office of Vital Records to amend the birth certificate(s) to correct the name of the father.**

(8) **We base this request on:** (Mark **only** one)

**Affidavit of Acknowledgment**, by which we agree and acknowledge the natural father named above.

**OR**

**Genetic (DNA) Testing and Laboratory Affidavit:** Attached is an affidavit from a certified laboratory indicating that the father named above has not been excluded as the natural father of the children and we agree to be bound by the results of the genetic test

(9) **The parents request the Court to Order the Office of Vital Records to amend the birth certificate(s) to change the minor child(ren)'s name(s) TO:** (List in same order as above).  
 (Optional)(New Names)

NAME(S):	First	Middle	Last
(a)			
(b)			
(c)			

**IMPORTANT NOTICE: READ THIS BEFORE YOU SIGN**

Arizona law requires that before voluntarily acknowledging paternity, you be given notice of the alternatives to, legal consequences of and the rights and responsibilities that result. You should know:

- \* No one is required to voluntarily acknowledge paternity.
- \* You have the right to seek legal advice before signing this document, and
- \* If you are unsure who the father is, an alternative is to have genetic (DNA) testing done.

After you submit this **Voluntary Acknowledgement of Paternity**, the Clerk of Court or authorized personnel will issue an Order legally establishing the natural father. This Order is the same as a judgment of the Superior Court. After the Order is issued, both parents will have all the rights and responsibilities of parents required by Arizona law. The Order does not decide issues about child support, parenting time, or authority for legal decision-making. However the Order includes a statement of Arizona law that the parent with whom the minor child has resided for the greater part of the last six months shall have authority for legal decision-making unless otherwise ordered by the Court.

Arizona law allows either parent to rescind the acknowledgment of paternity if certain requirements are met. See § 25-812(H) of the Arizona Revised Statutes for the requirements.

**This document can be notarized OR witnessed.  
Witness must be at least 18 years of age and not related to either parent by blood or marriage.  
Sign only in presence of Deputy Clerk of Court, Notary, or Witness.**

\_\_\_\_\_  
(10) Signature of Mother                      Date

\_\_\_\_\_  
(10) Signature of Actual Father                      Date

\_\_\_\_\_  
Printed Name of Mother                      Date

\_\_\_\_\_  
Printed Name of Actual Father                      Date

\_\_\_\_\_  
Acknowledged before me this:

\_\_\_\_\_  
Acknowledged before me this:

\_\_\_\_\_  
Deputy Clerk or Notary

\_\_\_\_\_  
Deputy Clerk or Notary

Seal/My commission expires:

Seal/My commission expires:

**(IF NOT NOTARIZED OR VERIFIED BY DEPUTY CLERK OF COURT ABOVE,  
WITNESSED BELOW)**

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**VOLUNTARY ACKNOWLEDGMENT OF PATERNITY**  
(Not required if notarized or verified by a Clerk of the Superior Court above.)

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

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

\_\_\_\_\_  
Printed name of Witness

\_\_\_\_\_  
Printed name of Witness

\_\_\_\_\_  
Address of Witness

\_\_\_\_\_  
Address of Witness

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code