



CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

July 16, 2010

GENERAL LETTER NO. 10-C-AP-18

ISSUED BY: Bureau of Child Support Recovery,
Division of Field Operations

SUBJECT: Employees' Manual, Title 10, Chapter C, PATERNITY BY AFFIDAVIT
APPENDIX, Title page, revised; Contents (page 1), revised; pages 1
through 7, revised; and the following forms:

- 588-0032 Recision of Paternity Affidavit, revised
588-0037 Voluntary Paternity Affidavit, revised

Summary

The Bureau of Vital Records' forms in this chapter are revised to:

- Change the name of form 588-0037 from Paternity Affidavit to Voluntary Paternity
Affidavit. A "DO NOT PRINT" watermark has been added to the sample of the form.
Add a "DO NOT PRINT" watermark to the sample of form 588-0032, Recision of
Paternity Affidavit.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 10, Chapter C,
Appendix:

Table with 2 columns: Page, Date. Rows include Title page (August 27, 2002), Contents (page 1) (August 27, 2002), 1, 2 (August 27, 2002), 588-0032 (1/99), 3, 4 (August 27, 2002), 588-0037 (1/01), 5-7 (August 27, 2002).

Additional Information

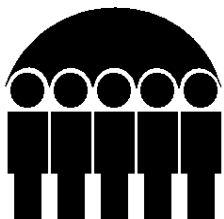
Refer questions about this general letter to your regional collections administrator.

Revised July 16, 2010

Employees' Manual  
Title 10  
Chapter C Appendix

# **PATERNITY BY AFFIDAVIT**

## **APPENDIX**



Iowa  
Department  
of  
Human Services

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### 470-3880, Birth Certificate Request

Purpose	Use form 470-3880, <i>Birth Certificate Request</i> , to request a certified copy of a birth certificate from the Bureau of Vital Records.
Source	Enter a "Y" in the REQT BIRTH CERT field on the CHILD screen to generate the form for the first time, or an "R" to regenerate it.
Completion	<p>Complete this form if you need to request a certified copy of a birth certificate. Assess the need to request a certified copy on a case-by-case basis.</p> <p>If you generate the form from the CHILD screen, ICAR automatically enters some of the data, and you must enter the rest. If you generate the form manually, you must enter all of the data. The CSRU supervisor must sign this form.</p>
Distribution	Send the original of this form to the Bureau of Vital Records and maintain a copy in the case file.
Data	<p>ICAR enters the following information. You must enter the information for manually generated forms:</p> <ul style="list-style-type: none"><li>◆ Child's full name, sex, and date of birth</li><li>◆ Father's full name</li><li>◆ CSRU address</li></ul> <p>Always enter the following information:</p> <ul style="list-style-type: none"><li>◆ City and county of children's birth</li><li>◆ Mother's full maiden name</li><li>◆ CSRU supervisor's name</li><li>◆ Reason for request</li></ul>

### [470-3901, Paternity Affidavit Request](#)

Purpose	Use form 470-3901, <i>Paternity Affidavit Request</i> , to get a copy of a paternity affidavit from the Bureau of Vital Records.
Source	Generate this form from the FORMVIEW screen.
Completion	<p>Complete this form when you need to request a copy of a paternity affidavit from the Bureau of Vital Records, but only after verifying that Central Office does not have a copy of the <i>Voluntary Paternity Affidavit</i>.</p> <p>All paternity affidavits processed <u>after</u> September 16, 1994, are stored electronically on ICAR, and hard copies of those paternity affidavits are kept in Central Office by Operations staff.</p> <p>Because Central Office did not receive copies of paternity affidavits processed <u>before</u> September 16, 1994, this form may be needed in rare cases to obtain a copy directly from the Bureau of Vital Records.</p> <p>You must enter all of the data in this form.</p>
Distribution	Send the original of this form to the Bureau of Vital Records. Keep a copy in the case file.
Data	<p>Enter the following information:</p> <ul style="list-style-type: none"><li>◆ Child's full name, date of birth</li><li>◆ Mother's maiden name</li><li>◆ Father's full name</li><li>◆ CSRU worker name, ID and phone numbers, and address</li><li>◆ City, county, and state of child's birth</li><li>◆ Case number</li></ul>

**STATE OF IOWA**  
**IOWA DEPARTMENT OF PUBLIC HEALTH**  
*Bureau of Health Statistics*

For State Office Use Only	
Certification # _____	
Docket # _____	
Date Received _____	
Date Completed _____	

## RECISION OF PATERNITY AFFIDAVIT

PLEASE READ THE OTHER SIDE OF THIS FORM CAREFULLY BEFORE COMPLETING! Effective July 1, 1997, a completed paternity affidavit may be rescinded with the Iowa Department of Public Health under certain conditions (Chapter 252A.3A.12, Code of Iowa).

APPLICANT: Complete Parts 1 and 2. Type or print legibly. Do not use all capital letters.

### PART 1. IDENTIFYING INFORMATION OF CHILD

CHILD

<b>CHILD'S NAME AT BIRTH</b> First	Middle, if any	Last (surname)	Suffix (Jr., II, III, IV, V)
<b>CHILD'S CURRENT NAME</b> First	Middle, if any	Last (surname)	Suffix (Jr., II, III, IV, V)
<b>Sex</b> (circle one) Female Male	<b>Birth Date</b> (Month, Day, Year)	<b>City and County of Birth</b>	

### PART 2. IDENTIFYING INFORMATION OF MOTHER AND ALLEGED BIOLOGICAL FATHER

MOTHER

<b>Mother's Name</b> First	Middle, if any	Last Name (surname) Before Any Marriage	Current Last Name (surname)
<b>Last Known Mailing Address</b> (Street Address or P.O. Box)		(City, Town or Location)	(State and Zip Code)

FATHER

<b>Alleged Father's Name</b> First	Middle, if any	Last (surname)	Suffix (Jr., Sr., I, II, III, IV, V)
<b>Address</b> (Street Address AND P.O. Box)		(City, Town or Location)	(State and Zip Code)

Latest Date of Paternity Affidavit Signature \_\_\_\_\_ Date Notice of Child Support Served (if applicable) \_\_\_\_\_

### PART 3. AFFIRMATION – Applicant to sign and date in the presence of an authorized notary public.

I affirm that the alleged father named above is not the father of this child as I originally agreed to in a Voluntary Paternity Affidavit. I understand that by rescinding the paternity affidavit, no future affidavit may be registered by the same mother and alleged father for the child named above. I further understand that the other party to the original paternity affidavit (mother/alleged father) will be duly notified of this rescision in writing to their last known address.

Signature of mother or alleged father only \_\_\_\_\_ Date Signed \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_ ss

Signed and affirmed in my presence \_\_\_\_\_  
Write name exactly as appears on government-issued photo I.D.

Notary Public's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Notary Address & Expiration \_\_\_\_\_

SEAL

# INSTRUCTIONS and GENERAL INFORMATION

## When may this form be used?

Effective July 1, 1997, a completed voluntary paternity affidavit may be rescinded by registration with the Iowa Department of Public Health under certain conditions (Ch. 252A.3A.12, Code of Iowa). The completed rescision form must be notarized and received by the state registrar within the earlier of either 60 days from the latest notarized parental signature on the original paternity affidavit, or entry of a court order regarding the child by the Iowa Child Support Recovery Unit.

## Who may apply to rescind an Affidavit of Paternity?

Application to rescind a paternity affidavit may only be made by either the mother or the previously alleged father who originally completed and signed the paternity affidavit. By completing and having their signature notarized on this form, they are attesting that the previously alleged father is not the biological father of the child named on this form as previously agreed. Approval of this rescision request will remove the alleged father's information from the birth certificate; however, the name of the child shall stay the same as that designated after the voluntary paternity affidavit.

## What should the applicant do?

Complete Parts 1 and 2 of this form, except for your signature. Type or print clearly. Do not use all capital letters.

Sign this form only in front of a notary public. Notary services are available locally, including any banking institution, your County Recorder office, OR, visit the state vital records office.

Submit this completed form and fee payment directly to the Iowa Department of Public Health, Bureau of Health Statistics, Lucas State Office Building, 1<sup>st</sup> Floor, 321 E. 12<sup>th</sup> Street, Des Moines, Iowa 50319-0075.

**INCLUDE A COPY OF YOUR CURRENT GOVERNMENT – ISSUED PHOTO ID.**

## Is more information and assistance available?

Additional information, assistance, and rescision forms are available from the state office of vital records. Visit the state office in Des Moines or call 515-281-4944 and ask for the paternity clerk.

## What should the Notary Public do?

Review this form to ensure that the applicant has completed sections 1 and 2. Complete section 3 per satisfactory identification and signature requirements. The applicant must show current, valid photo identification and sign this form in front of you. Apply your signature and affix any seal to this form only. Due to the nature of rescision registration deadlines, this completed form and the fees should be promptly remitted to the state vital records office at the address listed in the previous paragraph.

## What will it cost the applicant?

**The fee to register and process the Rescission of Paternity Affidavit is \$15.00.** All fees are payable in U.S. funds by check or money order to the Iowa Department of Public Health. Any certified copy previously issued by the state vital records office must be returned with the completed rescision form. A replacement copy will be issued to the entitled holder of the certificate. **Additional certified copies may be acquired by entitled persons for the regular \$15.00 fee.** Note that once the previously alleged father's information has been removed from the birth record, he and his family are not entitled to any certified copy of this record.

## What will the state vital records office do?

Your request to rescind the paternity affidavit will be verified for accuracy and registration deadline requirements. Upon approval, the previously alleged father's information from the paternity affidavit will be removed from the birth certificate. The state vital records office will also send a written notification of the rescision to the last known address of the other party involved in the paternity affidavit (mother/ alleged father).

### 588-0032, Recision of Paternity Affidavit

Purpose	Form 588-0032, <i>Recision of Paternity Affidavit</i> , is issued by the Bureau of Vital Records and is used by the mother or alleged father to rescind a previously signed <i>Voluntary Paternity Affidavit</i> .
Supply	A mother or alleged father can get this form from CSRU offices, county registrar or recorders' offices, or the Bureau of Vital Records.
Completion	A mother or alleged father completes this form to rescind a paternity affidavit. This form must be notarized. CSRU does not complete any part of this form.
Distribution	Once this form is completed and notarized, the mother or alleged father must submit it to the county registrars or recorder's office or to the Bureau of Vital Records with the required fee within the earlier of: <ul style="list-style-type: none"><li>◆ 60 days after the latest notarized signature on the <i>Voluntary Paternity Affidavit</i>.</li><li>◆ Entry of a court order regarding the child.</li></ul>

**[588-0037, Voluntary Paternity Affidavit](#)**

Purpose	Form 588-0037, <i>Voluntary Paternity Affidavit</i> , is issued by the Bureau of Vital Records and is used to register paternity for a child born out of wedlock. After July 1, 1993, filing this affidavit with the Bureau of Vital Records legally establishes paternity.
Source	A mother or alleged father can get this form from CSRU offices, county registrar or recorders' offices, hospitals, birthing centers, or the Bureau of Vital Records.
Completion	<p>The mother and alleged father prepare and sign this form when an alleged father voluntarily acknowledges paternity. This form must be notarized.</p> <p>CSRU does not complete any fields on this form. A notary public in the office may be asked to notarize the parents' signatures.</p>
Distribution	The parents or the hospital or birthing center sends the original to the Bureau of Vital Records for registration.

# VOLUNTARY PATERNITY AFFIDAVIT

PLEASE READ THE OTHER SIDE OF THIS FORM BEFORE COMPLETING THE FOLLOWING INFORMATION. ALL ITEMS MUST BE ANSWERED.

Docket # _____
Certificate # _____
Facility Code # _____
Date Completed _____

CHILD

CHILD'S INFORMATION AS SHOWN ON BIRTH CERTIFICATE: Was child one of a multiple birth (twins, triplets...etc)?  Yes  No

<b>Child's Name</b> First _____ Middle, if any _____ Last (surname) _____ Suffix (Jr., II, III, IV, V) _____
<b>Sex</b> Female _____ Birth Date (Month, Day, Year) _____ City and County of Birth _____ Name of Hospital or Address of Home Birth _____ (circle one) Male _____

CHILD'S LAST NAME (surname) AFTER PATERNITY – Do not leave blank. You may keep it the same as on the birth certificate, change it to the father's, or add the father's last name to it.

\_\_\_\_\_

FATHER

<b>Father's Name</b> First _____ Middle, if any _____ Last (surname) _____ Suffix (Jr., Sr., I, II, III, IV, V) _____
<b>State or Foreign Country of Birth</b> _____ <b>Birth Date</b> (Month, Day, Year) _____ <b>Social Security Number</b> (Write "None" or Specify) _____
<b>Hispanic Origin</b> (Write "None" or Specify) _____ <b>Race</b> _____ <b>Education</b> (Highest Grade Completed) _____ <b>Daytime Phone</b> (Include Area Code) _____
<b>Address</b> (Street Address AND P.O. Box) _____ (City, Town or Location) _____ (State and Zip Code) _____

MOTHER

<b>Mother's Name</b> First _____ Middle, if any _____ Last Name (surname) Before Any Marriage _____ Current Last Name (surname) _____
<b>State or Foreign Country of Birth</b> _____ <b>Birth Date</b> (Month, Day, Year) _____ <b>Social Security Number</b> (Write "None" or Specify) _____ <b>Daytime Phone</b> (Include Area Code) _____
<b>Address</b> (Street Address AND P.O. Box) _____ (City, Town or Location) _____ (State and Zip Code) _____

MOTHER: Check the one statement below that best describes the mother's marital status at the time of this child's conception, birth, or any time between.

- I was not legally married to anyone.
- I was legally married to someone other than the father of this child. As required by Iowa law, attached to this affidavit is a certified copy of the final court order signed by a judge and filed with the Clerk of District court that rules that the man to whom I was legally married is not the father of this child.
- I was not legally married. However, I have since legally married the father of this child. As required, a certified copy of our marriage record (which will be returned to me) is attached.
- I was legally married to the father of this child. As required, a certified copy of our marriage record (which will be returned to me) is attached.

**AFFIRMATION:** Each parent must sign and date this form in the presence of an authorized notary public. Notary completes and signs below.

**FATHER:** I affirm that I understand that signing this paternity affidavit is voluntary and that I understand my rights, responsibilities, alternatives, and consequences. I further acknowledge that I am the biological father of the above named child and do hereby give my permission to enter my name as the legal father on the birth certificate. I affirm that the above is true and accurate.

**MOTHER:** I affirm that I understand that signing this paternity affidavit is voluntary and that I understand my rights, responsibilities, alternatives, and consequences. I am the birth mother of the above named child and do hereby give my permission to enter the biological father's name as the legal father on the birth certificate. I affirm that the above is true and accurate.

**Father's Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_ ss

Signed and affirmed in my presence \_\_\_\_\_  
Write name exactly as appears on father's photo I.D.

**Mother's Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_ ss

Signed and affirmed in my presence \_\_\_\_\_  
Write name exactly as appears on mother's photo I.D.

**Notary Public's Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**Notary Public's Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

Notary Address & Expiration

Notary Address & Expiration

SEAL

SEAL

**STATE OF IOWA**  
IOWA DEPARTMENT OF PUBLIC HEALTH  
*Bureau of Health Statistics*

## **VOLUNTARY PATERNITY AFFIDAVIT**

**This Voluntary Paternity Affidavit is a legal action.**

**Once it is processed, you must get a court order to change any information that you provided on the form.**

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE COMPLETING THIS FORM.**

- ESTE FORMULARIO SIRVE PARA AGREGAR EL NOMBRE DEL PADRE EN EL CERTIFICADO DE NACIMIENTO DE NIÑO. PARA MAYOR INFORMACIÓN, POR FAVOR LLEVE ESTE FORMULARIO A UN INTÉRPRETE. (This form is to add the father's name onto the child's birth certificate. For more information, please take this form to an interpreter.)
- Iowa law states that completing and filing a voluntary paternity affidavit with the Iowa Department of Public Health legally establishes paternity for a child born to parents who are not legally married to each other.
- There is no age limit and no fee for filing a voluntary paternity affidavit.
- Legal paternity establishment provides many benefits for you and the child. It also creates rights and responsibilities, and means the biological father is committing to support the child.
- Your rights, responsibilities and benefits are explained in the informational material provided with this affidavit. Please read it carefully before you sign this affidavit. By signing this affidavit, you are saying that you have read and understand your rights and responsibilities. Ask for assistance if you do not understand the consequences of signing this affidavit.
- By signing, you are saying that you have received and read these instructions and have provided true and accurate information that is legally binding.
- **CHILD'S LAST NAME (surname) AFTER PATERNITY.** You must state what the child's legal last name (surname) will be after the paternity affidavit is filed. Iowa law gives you only three choices: 1) leave the child's last name the same as on the current birth certificate; 2) change the child's last name to the same as the father's last name; or 3) IF the child's last name is currently the same as the mother's, add the father's last name to it for a 2-word hyphenated last name.
- Both of you must show current, government-issued photo identification and sign this form in front of a notary public. All signatures must be clear and legible.
- The Affidavit will not be accepted unless:
  1. The mother's full name is exactly the same in four places: as provided on the child's birth worksheet, in the mother's section of the Affidavit form, on her photo I.D., and her signature.
  2. The father's full name is exactly the same in three places: in the father's section of the Affidavit form, on his photo I.D., and his signature.
- Either of you may cancel this affidavit by completing and filing a Recision of Paternity Affidavit form with the state Bureau of Health Statistics. You have 60 days from the date of the last notarized signature on this form, or until a court order is entered regarding this child, whichever is the earlier.  
Contact the Bureau at 515-281-4944 and ask for the paternity clerk to obtain a recision form.

**TO PREVENT DELAY**—Type or print legibly in black ink. Do not send in a photocopy of this form. Affidavits will be rejected that are not fully completed, not signed on the original form supplied by the Iowa Department of Public Health, or that contain cross-outs, correction fluid, or erasures. **All lines must be filled in.**

Send completed form with appropriate attachments to:

Iowa Department of Public Health  
Bureau of Health Statistics  
321 E. 12<sup>th</sup> Street, Lucas Bldg. 1<sup>st</sup> Floor  
Des Moines, IA 50319-0075

**INCLUDE A COPY OF YOUR CURRENT GOVERNMENT-ISSUED PHOTO ID**

**Parents are responsible for returning certified copies of the child's birth certificate in order to get a replacement if the certificate was issued before the paternity affidavit was processed. Changes other than corrections of obvious typographical errors made by the Bureau of Health Statistics will require a court order.**

**588-0298 (470-3194), Confidential Verification of Birth**

Purpose	Use form 588-0298, <i>Confidential Verification of Birth</i> , to get verification of a child's birth information from the Bureau of Vital Records.
Source	Enter a "Y" in the VERIFY BIRTH INFO field on the CHILD screen to generate this form for the first time, or an "R" to regenerate it. The ICAR form number for this form is 470-3194.
Completion	<p>Complete this form if you need to verify information regarding a child's birth. Complete only Part 1 of this form.</p> <p>When you generate the form from the CHILD screen, ICAR automatically enters some of the data, and you must enter the rest. If you generate the form manually, you must enter all of the data.</p> <p>The Bureau of Vital Records completes Part 2 and sends the form back to CSRU. Part 2 indicates one of the following:</p> <ul style="list-style-type: none"><li>◆ The information that was provided on the form is correct;</li><li>◆ No record was located with the information provided; or</li><li>◆ Some of the information provided on the form was incorrect and the Bureau of Vital Records has noted the corrected information directly on the form.</li></ul> <p>The form with Part 2 completed is all you will get back. You will not receive a copy of the actual birth certificate.</p> <p>If any of the information in Part 1 is missing or is incorrect, the Bureau of Vital Records notes that on Part 1.</p>
Distribution	Send the original of this form to the Bureau of Vital Records. Maintain a copy in the case file.

Data

ICAR enters the following information. You must enter the information for manually generated forms:

- ◆ Child's full name, sex, date of birth
- ◆ Mother's first and middle name (you must complete this information in a caretaker case)
- ◆ Father's full name
- ◆ CSRU worker name, title, phone number and address

You enter the following information:

- ◆ City and county of children's birth
- ◆ Mother's maiden name
- ◆ CSRU worker's facsimile (fax) number

NOTE: The form can be completed without the city and county of the child's birth or the mother's maiden name. However, this will delay processing, since this information helps the Bureau of Vital Records locate the birth record more easily.

**[RC-0068, Oral Information About Paternity Establishment](#)**

Purpose Use the *Oral Information About Paternity Establishment* desk aid to guide you through the information that must be given orally when a customer requests or completes a *Voluntary Paternity Affidavit*.

Source The desk aid is available only through this appendix.

Completion Use this desk aid when a customer calls or comes into the office and requests a *Voluntary Paternity Affidavit* or completes a *Voluntary Paternity Affidavit*.