State of Florida Department of Health
Bureau of Vital Statistics

ACKNOWLEDGMENT OF PATERNITY

This form must be signed by both mother and father in the presence of a notary public or two witnesses.
(Instructions/information on reverse side)

INFORMATION ON ORIGINAL BIRTH CERTIFICATE

Full Name of Child: _____
First Middle Last Suffix

Child's Date of Birth (Month/Day/Year): _____ Sex: _____ Child's SSN: _____

Child's Place of Birth: _____
City County State ZIP

Mother's Full Name: _____ Name Prior to First Marriage: _____
First Middle Last

Mother's Date of Birth (Month/Day/Year): _____ Mother's SSN: _____

Mother's Place of Birth (State/Country): _____

INFORMATION FOR NEW BIRTH CERTIFICATE

Full Name of Child for New Birth Certificate: _____
(See Reverse Side of form) First Middle Last Suffix

Natural Father's Full Name: _____
First Middle Last Suffix

Father's Date of Birth (Month/Day/Year): _____ Father's SSN: _____

Father's Place of Birth (State/Country): _____ Father's Race: _____

Father's Residence Address: _____
Street City State ZIP

Father's Mailing Address (if different): _____
Street City State ZIP

Mother's Current Mailing Address: _____
Street City State ZIP

NOTE: *If married after child's birth and now request amendment of marital status on birth record, send certified copy of marriage record with this form. If married in Florida and you require a certified copy, fill-in data below and send $5.00. A certified copy will be sent to you upon completion, if married in Florida: Date: _____ County issuing license: _____*

ACKNOWLEDGMENT BY NATURAL PARENTS

Under penalties of perjury, **WE HEREBY DECLARE** that we have read the foregoing Acknowledgement of Paternity and that the facts stated in it are true, that is, that the mother was unwed at the time of birth, that no other man is listed on the birth record as father, that we are the natural parents of the child named above and that we fully understand our responsibilities and rights printed on the reverse side of this form, DH 432, (10/26).
WE FURTHER DECLARE that no court action establishing paternity has occurred or is in process. We understand that a person who knowingly makes a false declaration pursuant to s. 92.525(2) or 382.026(1), Florida Statutes is guilty of perjury by false written declaration, a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

IF NOTARIZED

Sworn to and subscribed before me this ____day of _____, 20___, by means of ☐ physical presence or ☐ on line notarization.

_____
Signature of Natural Father

_____
Printed Name of Natural Father

_____
Notary Signature

_____
Printed Name/Notary Stamp

Personally known ☐ OR Produced Identification ☐
Type of Identification Produced: _____

Sworn to and subscribed before me this ____day of _____, 20___, by means of ☐ physical presence or ☐ on line notarization.

_____
Signature of Natural Mother

_____
Printed Name of Natural Mother

_____
Notary Signature

_____
Printed Name/Notary Stamp

Personally known ☐ OR Produced Identification ☐
Type of Identification Produced: _____

OR, IF NOT NOTARIZED ABOVE, WITNESSED BELOW

_____
Printed Name of Natural Father

_____
Signature of Natural Father Date Signed

Witness(1): _____ _____
Printed Name Signature

Witness(2): _____ _____
Printed Name Signature

_____
Printed Name of the Natural Mother

_____
Signature of Natural Mother Date Signed

Witness(1): _____ _____
Printed Name Signature

Witness(2): _____ _____
Printed Name Signature

Clear All Print

INFORMATION AND INSTRUCTIONS FOR ACKNOWLEDGMENT OF PATERNITY

******WHAT YOU AS A PARENT MUST KNOW BEFORE SIGNING THIS ACKNOWLEDGMENT OF PATERNITY******
BENEFITS FOR THE CHILD AND PARENTS

* Identity and Security · *Support from the child's father and mother * Access to the father's medical benefits
* Access to the father's medical history information * Access to survivor's benefits and rights of inheritance

Upon receipt of this properly notarized or witnessed form, the Bureau of Vital Statistics shall prepare and file a new birth record reflecting the information as shown under section entitled "Information for New Birth Certificate". The original birth record and this Acknowledgment of Paternity will be placed under seal only to be opened and released pursuant to an order from a court of competent jurisdiction. You may therefore wish to make a copy of this form for your records prior to its submission. **NOTE:** ***If signatures of mother and father have been witnessed, please provide picture identification for each parent as picture identification must be provided for us to issue certification of the amended record to either of the parents. Acceptable forms are a driver's license, passport, state identification card or military identification card.***

RIGHTS, RESPONSIBILITIES AND DUTIES: When both parents sign this Acknowledgment of Paternity they swear they are the natural parents of this child. After signing, either parent has the right to cancel the effect of the acknowledgment within 60 days unless there has been a court hearing regarding that parent and the child. If there is no court hearing within 60 days of when the acknowledgment is signed, paternity is legally established under the laws of Florida. Once the Acknowledgment of Paternity is signed by both parents, the name of the father is placed on the child's birth certificate. Even if the Acknowledgment of Paternity is cancelled within 60 days, the birth certificate can only be changed, and the father's name removed by a court order. Contact this office if you wish to file a rescission.

After paternity is legally established, paternity can only be challenged by proving in court that your signature on the Acknowledgment of Paternity was obtained through fraud, under duress, or that there was a material mistake in fact. The court will decide whether your name can be removed. Do not sign the Acknowledgment of Paternity if you are not certain you are the child's father.

WHAT ARE YOU AGREEING TO? If you are the mother, you are agreeing that the person signing as the child's father is, in fact, the biological father of your child. If you are the father, you are agreeing that you are the biological father of the child and you and the mother will be responsible for the child's financial and medical support until he or she is an adult. This usually means until the child is eighteen years old.

CAN I SIGN IF I AM LESS THAN 18 YEARS OLD? According to the law, a minor can sign the acknowledgment. However, minors are encouraged to obtain the consent of their legal guardian before signing the acknowledgment. An understanding of the rights and responsibilities associated with establishing paternity by acknowledgment is important before completing the form.

CONSEQUENCES: By signing this Acknowledgment of Paternity you declare that the mother was unwed at the time of her child's birth, you are the child's parents and you are undertaking responsibility for this child as provided by law. Original signatures are required. If you do not understand it, do not sign it. After you both sign and submit the Acknowledgment of Paternity a birth certificate listing both parents will be placed on file.

ALTERNATIVE TO SIGNING: Under Florida law, if both parents do not sign this Acknowledgment of Paternity, paternity may be established by the court. A paternity action may be filed by the mother, the natural father, the child and/or the state on behalf of the mother, the father, or the child. If a court action is filed, either parent may be ordered to pay costs, including the cost of genetic testing. All costs, including genetic tests, will be billed to the man found to be the legal father. If you want to file a court action to establish paternity and you need help, contact the local Department of Revenue Child Support Enforcement Office or a private attorney.

INFORMATION FOR NEW CERTIFICATE: Changing the child's last name to either the mother's maiden name, father's last name or a combination of both can be made regardless of the child's age by entering the new name as desired. If the **child is less than one year of age**, a change to the child's given name may be changed by entering the new name in the section for the new birth certificate. If the **child is more than one year of age**, a change other than a misspelling, omission, or a correction must be accompanied by supporting documentary evidence or an order from a court of competent jurisdiction.

FEE/CERTIFICATION OF NEW RECORD: An amendment processing fee of $20.00 is required which includes one certification. ***Picture identification must be provided for us to issue certification. Acceptable forms are a driver's license, passport, state identification card or military identification card.*** DH Form 429, Application for Amendment to Florida Birth Record must be submitted with required fee. If you need assistance, please call (904) 359-6900 ext. 9004.

I acknowledge and understand this document:

Signature of Natural Father: _____ Signature of Natural Mother: _____

Date Signed: _____ Date Signed: _____

MAIL THIS APPLICATION WITH PAYMENT AND COPY OF VALID ID TO:

FLORIDA DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
ATTN: AMENDMENT SECTION
P.O. BOX 210,
JACKSONVILLE, FL 32231-0042

Express Mail and Courier Deliveries to: 1217 North Pearl Street, Jacksonville, Florida, 32202

PLEASE VISIT OUR WEBSITE:
www.floridahealth.gov/certificates

DH 432, 10/2026 (Obsoletes previous editions) 64V-1.0032, Florida Administrative Code