VERMONT
DEPARTMENT OF HEALTH

Vital Records Office
280 State Drive
Waterbury, VT 05671-8370
(802) 863-7275 or 1-800-439-5008 (in VT only)

Voluntary Acknowledgment of Parentage (VAP)

Please type or print clearly. Read all the information provided before you sign. Sign in front of a witness and make sure the witness signs in both spaces on the back of this form.

Child	1. Child's full name (first, middle, last, suffix)		2. Date of birth (mm/dd/yyyy)	
	3. Child's birthplace	City/town	County	State
Birth Parent	4. Current legal name (first, middle, last, suffix)		5. Social Security number	
	6. Date of birth (mm/dd/yyyy)	7. Birthplace (state, territory or foreign country)		
	8. Mailing address (street and number, city/town, state, zip code)			
Parent	9. Current legal name (first, middle, last, suffix)		10. Social Security number	
	11. Date of birth (mm/dd/yyyy)	12. Birthplace (state, territory or foreign country)		
	13. Mailing address (street and number, city/town, state, zip code)			

Information About Any Other Parent

Does this child have another parent/possible parent* other than the two listed on this form? ☐ Yes ☐ No

If you answered yes, provide the other parent's name below and explain the circumstances.

* If someone else is a presumed parent under the law, they must file a *Denial of Parentage* at the same time you file your VAP. See *dcf.vermont.gov/ocs/services/parentage/definitions.*

Vital Records Office Use Only: Date received: _____

Child's full name (first, middle, last, suffix)	Date of birth (mm/dd/yyyy)

Statements of Voluntary Acknowledgment

Both parents MUST initial each statement below.

Parent's initials	Parent's initials	I UNDERSTAND THAT:
		We have the right to talk to a lawyer (on our own or together) before we sign.
		Once we sign, we'll be legally responsible for financially supporting this child.
		Once we both acknowledge parental rights, either one of us or the Office of Child Support may file a petition to establish a child support order.
		We may rescind *(withdraw)* this VAP — up to 60 days from the date it was filed and accepted — by filing a rescission form with the Office of Vital Records.
		Once 60 days have passed, we'll have to go to court to rescind (withdraw) or challenge this VAP. The same is true for a Denial of Parentage (DOP).
		A signed VAP is equal to a court determination of parentage and a challenge is only allowed in limited circumstances.
		Future changes to this form will not affect valid VAPs.

SIGNATURES Parents & Witness

By signing below, we certify that:

- *The information we provided on this form is correct to the best of our knowledge.*
- *We are signing voluntarily, without being subject to force, threats or coercion.*
- *We have read & understand the information provided.*
- *We understand the legal consequences of signing.*

Birth parent's signature	Date signed (mm/dd/yyyy)
WITNESS	Date signed (mm/dd/yyyy)
Parent's signature	Date signed (mm/dd/yyyy)
WITNESS	Date signed (mm/dd/yyyy)

Send your completed VAP to:
Office of Vital Records Vermont
Department of Health
280 State Drive
Waterbury, VT 05671-8370
vitalrecords@vermont.gov

Call 1-800-786-3214 if you have questions:
Office of Child Support staff can explain:

- What signing this form means
- The different ways to establish parentage