

**ACKNOWLEDGMENT OF MATERNITY**  
 Maternity Establishment / Birth Certificate Amendment

Nebraska law allows the name of the biological mother to be listed on the birth record of a child instead of the birth mother. Contact Vital Records for instructions. Both the biological mother and birth mother must sign this form in the presence of a notary public if they wish to have the biological mother's name listed.

**SECTION I**

PLEASE PRINT LEGIBLY

We hereby acknowledge that \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (legal name of biological mother) First Middle Last Suffix  
 is the biological and legal mother of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (name of child) First Middle Last Suffix  
 born to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (legal name of birth mother) First Middle Last

**SECTION II**

We request that the child's **LAST** name be shown on the birth certificate as:  
 We consent to entering the name of the biological mother on the birth certificate.  
 We further state that the parties' personal statistics are as follows:

**CHILD'S PERSONAL STATISTICS:**

Sex:  Male  Female Date of Birth (Month/Day/Year)  
 Location of Birth - Facility name (If not institution, give street address)  
 City, Town, or Location of Birth County State Zip Code

**BIRTH MOTHER'S PERSONAL STATISTICS:**

Maiden (Last) Name Social Security Number Date of Birth (Month/Day/Year)  
 Current Residential Address (Number and Street)  
 City State Zip Code Phone

**BIOLOGICAL MOTHER'S PERSONAL STATISTICS:**

Maiden (Last) Name Social Security Number Date of Birth (Month/Day/Year)  
 Current Residential Address (Number and Street)  
 City State Zip Code Phone

**SPOUSE OF BIOLOGICAL MOTHER'S PERSONAL STATISTICS:**

Name Social Security Number Date of Birth (Month/Day/Year)  
 Birthplace, City State Or if not USA - Territory or Foreign Country  
 Current Residential Address (Number and Street)  
 City State Zip Code Phone

**SECTION III**

Answer the following:  
 Name of Parent, Guardian or Agency having custody: \_\_\_\_\_  
 Was biological mother previously married?  Yes  No  
 If yes, marriage ended by (please check):  Divorce  Annulment  Death  
 Date marriage ended (if divorced, give date decree became final): \_\_\_\_\_

**SECTION IV**

We have read and understand BOTH SIDES of this form. We hereby declare under penalty of prosecution for providing false information under the laws of Nebraska that the information listed above is true and correct to the best of our knowledge.

Birth Mother	Biological Mother
<p>_____                      Birth Mother's Signature Date</p> <p style="text-align: center;">Acknowledgement</p> <p>State of _____, County of _____. The                      Foregoing instrument was acknowledged before me this _____                      day of _____, _____, by _____                      (Name of person acknowledged)</p> <p>_____                      (Notary Public signature)</p>	<p>_____                      Biological Mother's Signature Date</p> <p style="text-align: center;">Acknowledgement</p> <p>State of _____, County of _____. The                      Foregoing instrument was acknowledged before me this _____                      day of _____, _____, by _____                      (Name of person acknowledged)</p> <p>_____                      (Notary Public signature)</p>

## SECTION V

Section 71-604.02 provides that you be given the following information:

### **Parental Rights and Responsibilities**

Signing this form is voluntary. Since this form has legal consequences, you may want to consult an attorney before signing.

If you sign this document, you have taken the first step in establishing your child's legal maternity. This form creates a legal rebuttable presumption of maternity. This means if a court action has begun to legally establish maternity, the court will presume the woman who acknowledges maternity is the biological mother unless otherwise provided by law.

Either signatory may rescind this acknowledgment within 60 days of signing or at a hearing, whichever occurs first. If not rescinded, the acknowledgment will be considered a legal finding which may be challenged in a court of law only on the basis of fraud, duress, or material mistake of fact.

Both parents are required by law to support their child from birth. If your child does not live with you, you may be ordered by the court to pay child and medical support until the child's nineteenth (19th) birthday.

This acknowledgment may be filed in court and serve as a basis for obtaining an order for support.

A parent who does not live with the child may have the right to visit the child as the parents both agree or as ordered by the court.

This acknowledgment may also be filed in court and serve as a basis for obtaining orders of custody and visitation.

By signing this form the biological mother is acknowledging maternity. The birth mother is acknowledging she is not the parent.

## SECTION VI

CONTACT VITAL RECORDS MANAGEMENT FOR INFORMATION ON HOW TO CHANGE THE BIRTH CERTIFICATE.

**IF YOU DO NOT SIGN THIS FORM AT THE HOSPITAL and you want the biological mother's name shown on the birth certificate:**

- (1) **Both the birth mother and biological mother must sign this form in the presence of a notary public;**
- (2) **Mail this signed and notarized form to:**  
**Vital Records Management**  
**P.O. Box 95065**  
**Lincoln, NE 68509**  
**(402) 471-2871**

**If birth occurred in Douglas County, mail this signed and notarized form to:**  
**Vital Statistics Section**  
**Douglas County Health Department**  
**1819 Farnam St., RM H-01**  
**Omaha, NE 68183**  
**(402) 444-7205**

- (3) **Enclose the appropriate fee with this form. A fee is required by statute for amending the birth record and for each certified copy of the amended record that is requested. Please visit the Vital Records Management website at: [http://dhhs.ne.gov/publichealth/Pages/vitalrecords\\_services.aspx](http://dhhs.ne.gov/publichealth/Pages/vitalrecords_services.aspx) or contact Vital Records Management at 402-471-2871 for current fees and instructions.**

**Privacy Act of 1974 Notice:** Disclosure of your social security number is required by federal law 42 U.S.C. 405(c)(2)(C). Child Support Enforcement will use these social security numbers only for the purpose of establishing and enforcing support.