



**FAMILY COURT**

\_\_\_\_\_  
vs.  
\_\_\_\_\_

Complaint Number \_\_\_\_\_  
Petition Number \_\_\_\_\_  
Juvenile Number \_\_\_\_\_  
Reciprocal Number \_\_\_\_\_

**ORDER ACKNOWLEDGING PATERNITY**

This acknowledgement of paternity was heard before Chief Judge/Associate Justice/Magistrate \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and after hearing thereon, it is hereby

**ORDERED, ADJUDGED, AND DECREED as follows:**

\_\_\_\_\_, who lives at \_\_\_\_\_  
*Name of Father* *Number/Street*  
in \_\_\_\_\_, \_\_\_\_\_, born on \_\_\_\_\_,  
*City/Town* *State/Country* *Father's Date of Birth* *Father's Place of Birth*

has acknowledged paternity and the court finds by  acknowledgement,  DNA testing,  oral or written denial from father listed on birth record and that he is the biological father to:

\_\_\_\_\_  
*First* *Middle* *Last*  
born on \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_.  
*Month* *Day* *Year* *Mother's Name*

**THE STATE OF RHODE ISLAND DEPARTMENT OF HEALTH, DIVISION OF VITAL RECORDS SHALL AMEND THE BIRTH CERTIFICATE OF SAID CHILD TO ADD THE FATHER'S NAME TO THE BIRTH CERTIFICATE. THE CHILD'S NAME SHALL BE CHANGED TO:**

\_\_\_\_\_  
*First* *Middle* *Last*

\_\_\_\_\_  
*Mother's Signature*

\_\_\_\_\_  
*Father's Signature*

*Mother's Whereabouts Unknown*  *Mother Deceased*

*Father's Whereabouts Unknown*  *Deceased*

Approved: \_\_\_\_\_  
Chief Judge, Associate Justice  
General Magistrate, Magistrate

Entered: \_\_\_\_\_  
Clerk

**CERTIFICATE**

\_\_\_\_\_ certifies that he shall file a Certified Copy of this Order and pay the appropriate processing fee to the Rhode Island Department of Health, Division of Vital Records by the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Father's Name* *Date*

***FURTHER INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM***

FEES REQUIRED BY LAW:

There is a fee of \$15.00 for processing the paternity and creating a new birth certificate. Make check/money order payable to "General Treasurer, State of Rhode Island."

Certified copies of the new birth record will be issued to the parent(s) after the processing fee is paid and a request for a certified copy is made. The fee for one certified copy of a birth record is \$20.00. Additional copies of the same birth record issued at the same time are \$15.00.

Requests and fees, along with the certified court order can be submitted in person or by mail to:

Vital Records Office  
3 Capitol Hill, Room 101  
Providence, RI 02908

Processing time takes approximately three (3) months from the time payment is received.