Exhibit 2– Acknowledgment of Paternity

NEBRASKA
Good Life. Great Mission.
DEPT OF HEALTH AND HUMAN SERVICES

Division of Children and Family Services

ACKNOWLEDGMENT OF PATERNITY

Paternity Establishment / Birth Certificate Amendment

Nebraska law provides for the listing of the name of the father on the birth record of a child born out of wedlock. (IF THE PARENTS LATER MARRY, A NEW BIRTH CERTIFICATE MAY BE FILED FOR THE CHILD.) Contact Vital Records for instructions. Both parents must sign this form in presence of a notary public.

SECTION I

PLEASE PRINT LEGIBLY

We hereby acknowledge that _____ / _____ / _____ / _____
(legal name of father) First Middle Last Suffix

is the biological father of: _____ / _____ / _____ / _____
(name of child) First Middle Last Suffix

born to _____ / _____ / _____
(legal name of mother) First Middle Last

SECTION II

We, the parents, request that the child's **LAST** name be shown on the birth certificate as: _____

We consent to entering the name of the father on the birth certificate. ☐ Yes ☐ No

We further state that the child, mother, father's 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

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

FATHER'S PERSONAL STATISTICS:

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 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 and have received a description of the alternatives to, the legal consequences of, and rights and responsibilities of acknowledging paternity orally or through the use of video or audio equipment. 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.

Mother	Father
_____ _____ Mother's Signature Date	_____ _____ Father's Signature Date
Acknowledgement	Acknowledgement
State of _____, County of _____. The Foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____ (Name of person acknowledged)	State of _____, County of _____. The Foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____ (Name of person acknowledged)
_____ (Notary Public signature)	_____ (Notary Public signature)

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SECTION V

Section 43-1408.01 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 paternity. Paternity means fatherhood. This form creates a legal rebuttable presumption of paternity. This means if a court action has begun to legally establish paternity, the court will presume the man who signed this voluntary acknowledgment is the father unless he proves he is not the father.

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 and 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 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 you 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 you are acknowledging paternity. However, your right to receive formal notification of any future adoption proceedings involving this child is NOT preserved by the signing of this form. In order to preserve your right to receive formal notice of any future adoption proceeding, you must promptly file a Paternity Claim for Notification Purposes or a Notice of Intent to Claim Paternity and Obtain Custody form with the Nebraska Department of Health and Human Services, Vital Records Management.

FOR MORE INFORMATION ABOUT ESTABLISHING PATERNITY, CONTACT THE CHILD SUPPORT ENFORCEMENT OFFICE IN YOUR COUNTY, OR YOUR LOCAL COUNTY ATTORNEY.

SECTION VI

YOU SHOULD NOT USE THIS FORM IF THE MOTHER WAS MARRIED AT THE TIME OF EITHER CONCEPTION, BIRTH OR ANYTIME BETWEEN, OR IF A FATHER IS CURRENTLY LISTED ON THE BIRTH CERTIFICATE. 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 father's name shown on the birth certificate -

(1) Both parents 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* or contact Vital Records Management at 402-471-2871 for current fees and instructions.

If you do not want the father's name on the birth certificate but want this acknowledgement filed at Vital Records management, do not enclose the fee.

Privacy Act of 1974 Notice: Disclosure of your social security number, and the social security numbers of your child(ren), is required by federal law 42 U.S.C. 666 (a) (13). Child Support Enforcement will use these social security numbers only for the purpose of establishing and enforcing support.