The Family Court of the State of Delaware

In and For  New Castle County  Kent County  Sussex County

**CONSENT PARENTAGE DECREE**

## Biological Parent 1 v. Biological Parent 2

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | |  | Name | | |  | File Number |
|  | | |  |  | | |  |  |
| Street Address (Including Apt) | | |  | Street Address (Including Apt) | | |  | Petition Number |
|  | | |  |  | | |  |  |
| P.O. Box Number : |  | |  | P.O. Box Number : |  | |  | Type |
| City/State/Zip Code | | |  | City/State/Zip Code | | |  |  |
|  | | |  |  | | |  | DCSS # |
| SSN: | | D. O .B.: |  | SSN: | | D. O .B. |  |  |
| Attorney Name |  | |  | Attorney Name |  | |  |  |
|  | | |  |  | | |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In the interest of |  | DOB: |  | Place of Birth: |  |
|  |  |  |  |  | (City & State) |

On      /     /      the parties agreed:

1. \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“subject”) is a parent of the above named child based on:

Genetic test results reflect probability of paternity is at least 99%.

Genetic test costs were paid by DCSS and may be assessed in a separate order or subsequent petition.

Mother’s affirmation that subject was the only man with whom she had sexual intercourse within probable time of

conception, and:

Both parties knowingly and intelligently waived any right to genetic testing.

Subject admits parentage and there is no reason to question the admission.

|  |  |  |
| --- | --- | --- |
| Voluntary Acknowledgement of Paternity dated |  | was signed and filed with Office of Vital Statistics. |

Presumption of Parentage:

Child was born during the marriage or within 300 days after divorce.

|  |  |  |  |
| --- | --- | --- | --- |
| Parentage was adjudicated by prior court order dated |  | in petition # | . |

Child resided with subject for 2 years immediately following birth and subject held child out as his/her own.  
 Child was conceived by assisted reproduction and:

Subject and birth mother agreed in writing to be the child’s parents; or

Subject executed a Gestational Carrier Agreement pursuant to which the child was carried to term.

Subject is mother and gave birth to the child.

2.  The parties agree that no other person has filed a Voluntary Acknowledgement of Paternity (VAP) or has been adjudicated

as a parent of the above named child by any court.

3.  Delaware Office of Vital Statistics shall amend child's birth registration to reflect:

State of       (insert child’s State of birth) is requested to amend the child’s birth

registration to reflect:

Subject is the child’s parent. Subject’s place of birth is \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remove       as a parent from the child’s birth records.

Change of the child's name to:

4. This decree  is the final order related to this petition;  is a final order regarding parentage ONLY but does not address

custody, child support, protection from abuse, or other matters related to these parties that may still be pending.

|  |  |
| --- | --- |
| 5. OTHER ITEMS: |  |

**► ►The parties hereby waive their right to a Review of a Commissioner’s Order because this order is entered pursuant to their voluntary agreement. ◄◄**

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|  |  |  | |  |  | |  |  |
| **Petitioner** |  | Date | |  | **Respondent** | | | Date | |
| SWORN TO and subscribed before me this date, | | |  | |  |  | | | |

Mediator/Notary Public

|  |  |  |  |
| --- | --- | --- | --- |
| **So Ordered this Date:** |  |  |  |
|  |  |  | Judge/Commissioner Signature |

CC:  PETITIONER  RESPONDENT  DCSS  OVS  DAG  O/S AGENCY  PET. ATT.  RESP. ATT.  \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_