



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

IV-D MEMORANDUM 2025-005

TO: All Friend of the Court (FOC) Staff
All Prosecuting Attorney (PA) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: March 26, 2025

SUBJECT: The Michigan Family Protection Act and Revisions to the
Affidavit of Parentage (DCH-0682)

ACTION DUE: None

POLICY EFFECTIVE DATE: April 2, 2025

PURPOSE:

This IV-D Memorandum announces revisions to the *Affidavit of Parentage* (DCH-0682) due to Michigan's Family Protection Act.¹ The Family Protection Act will enact the new Assisted Reproduction and Surrogacy Parentage Act² and amend the Acknowledgment of Parentage Act³ to allow couples who have conceived a child with assisted reproduction not involving surrogacy to establish parentage by using the *Affidavit of Parentage* (AOP).

The revised AOP will be published on the Michigan Department of Health and Human Services (MDHHS) OCS website⁴ on April 2, 2025. OCS will update Template 6040, the MiCSES⁵ version of the AOP found on the *Document Generation* (DOGN) screen, with the Child Support 25.1.1 Release on April 11, 2025.

UPDATE(S):

☐ Manual

☒ Form(s)

¹ The Family Protection Act is a package of nine bills (House Bills 5207-5215) signed into Michigan law by Governor Whitmer in 2024 that will become effective April 2, 2025. The bills are codified in different sections of Michigan Compiled Laws (MCLs).

² MCL 722.1701 et seq.

³ MCL 722.1001 et seq.

⁴ A link to the AOP will appear on the following MDHHS OCS website pages: [Forms & Applications](#), [Hospital Resources](#), [Establish Paternity](#), and [Policy, Forms and Publications](#).

⁵ MiCSES is the Michigan Child Support Enforcement System.

This IV-D Memorandum explains:

- The importance of filing AOPs completed on or after April 2, 2025 with the MDHHS Division for Vital Records and Health Statistics (DVRHS or Vital Records);
- Use of the current and previous versions of the AOP;
- Establishment of parentage under the amended Acknowledgment of Parentage Act as a IV-D service; and
- OCS outreach to hospitals and birth centers regarding the amendments to the Acknowledgment of Parentage Act and changes to the AOP.

This IV-D Memorandum also introduces the *Quick Guide to the Affidavit of Parentage*, a new job aid for IV-D staff and others who help parents complete the AOP. This guide explains the process of completing the AOP and helps determine when an AOP may be used to establish parentage.

OCS has temporarily discontinued the booklet *What Every Parent Should Know About Establishing Paternity* (DHS-Pub-780) because it needs significant updates. OCS will publish a new version as soon as possible and announce it in an email notification.

OCS will update the *Michigan IV-D Child Support Manual* to include information about the new AOP and impacts of the Family Protection Act on IV-D services at a later date.

DISCUSSION:

Federal law and regulation require each state to have a program and procedures for individuals to voluntarily establish paternity for children born out of wedlock.⁶ Michigan's program for voluntary paternity establishment services is codified in the Acknowledgment of Parentage Act. The form used to voluntarily establish parentage is the AOP.

A. Family Protection Act and Establishment of Parentage for Children Conceived With Assisted Reproduction

On April 1, 2024, Governor Whitmer signed the Family Protection Act into Michigan law. The Family Protection Act is intended to support the increasing number of married and unmarried parents who conceive through surrogacy and/or assisted reproduction, including LGBTQ+ parents. The Family Protection Act includes the new Assisted Reproduction and Surrogacy Parentage Act (ARSPA), which:

- Legalizes and regulates surrogacy parentage contracts in Michigan; and
- Allows individuals to voluntarily establish parentage of children conceived using assisted reproduction⁷ without surrogacy.

⁶ 42 United States Code (USC) 666(a)(5)(C); 45 Code of Federal Regulations (CFR) 303.5(g)

⁷ ARSPA defines assisted reproduction as "a method of causing pregnancy through means other than by sexual intercourse including, but not limited to, all of the following: (i) Intrauterine, intracervical, or vaginal

Note: For purposes of this IV-D Memorandum, all references to assisted reproduction refer to assisted reproduction **not** involving surrogacy. Individuals cannot use an AOP to establish parentage for a child born through surrogacy.

1. Assisted Reproduction and Surrogacy Parentage Act (ARSPA)

Under ARSPA, an individual who consents in a record to assisted reproduction with the intent to be a parent of a child conceived by the assisted reproduction is a parent of the child.⁸ The consent must be either:

- In a record signed before, on, or after the birth of the child by the individual who gave birth to the child and by an individual who intends to be a parent of the child. ARSPA considers an AOP to be a record; or
- In an agreement entered into before conception, that the individual who will give birth to the child and another individual intend they both will be parents of the child.⁹

An intended parent,¹⁰ an individual who will give or gave birth to the child, or a person claiming to be a parent under ARSPA may bring an action for adjudication or declaration of the child's parentage.¹¹ However, that step isn't required for parentage to be established if other ARSPA provisions have been followed.

2. Acknowledgment of Parentage Act and Assisted Reproduction

The Family Protection Act amended the Acknowledgment of Parentage Act to align with ARSPA and allow individuals to establish parentage of children conceived with assisted reproduction in two new situations:

- If a child *born out of wedlock* is conceived by assisted reproduction as defined by ARSPA, the individual who gave birth to the child and another individual acknowledge the child as their child by completing the AOP; or
- If a child is *born in wedlock* and is conceived by assisted reproduction, the individual who gave birth to the child and that individual's spouse acknowledge the child as their child by completing the AOP.¹²

insemination. (ii) Donation of gametes. (iii) Donation of embryos. (iv) In vitro fertilization and embryo transfer. (v) Intracytoplasmic sperm injection. (vi) Assisted reproductive technology." MCL 722.1703

⁸ MCL 722.1801

⁹ MCL 722.1802(1)(a)-(b)

¹⁰ An intended parent is an "individual, married or unmarried, who manifests an intent to be legally bound as a parent of a child conceived by assisted reproduction or by assisted reproduction under a surrogacy agreement." MCL 722.1703(f)

¹¹ MCL 722.1803(1)-(2)

¹² MCL 722.1003(2)-(3)

The Acknowledgment of Parentage Act continues to allow a man and the mother of a child born out of wedlock and not conceived through assisted reproduction to acknowledge parentage by completing the AOP.¹³

B. Vital Records Registration of a Spouse As a Parent for Children Conceived by Assisted Reproduction

As described in Section A of this memorandum, when a married or unmarried couple uses assisted reproduction to conceive, a consent pursuant to ARSPA is necessary to establish parentage. Individuals may consent using the AOP.

In addition to amending the Acknowledgment of Parentage Act, the Legislature amended the Public Health Code laws¹⁴ on the creation of birth records to align with ARSPA. These changes correspond to ARSPA's provisions around the consent that is required between married and unmarried couples using assisted reproduction. As a result of these changes, Vital Records will register the name of the spouse¹⁵ for a married couple using assisted reproduction only if:

1. The birth parent and the spouse have signed an AOP; or
2. The birth parent indicates on the *Parent Information Worksheet* that the spouse consented to the use of assisted reproduction to conceive the child.¹⁶

To help alleviate discrepancies in the existence of consent and to solidify Vital Records' registration of the spouse as a parent, OCS and Vital Records will instruct hospital and birth center staff to encourage married couples using assisted reproduction to complete and file an AOP. Nevertheless, if they decline to sign the AOP and/or the spouse is unavailable, the spouse will be registered as a parent if the birth parent indicates on the *Parent Information Worksheet* that the spouse consented to assisted reproduction with the intent to be a parent.

C. The Importance of Filing the *Affidavit of Parentage* (DCH-0682)

1. Effects of Filing the AOP

Federal law¹⁷ mandates the use of an AOP to ensure Title IV-D State Plan compliance. Under federal law, the AOP must be a legal finding of paternity and must be recognized as a basis for seeking a support order. Also, state law cannot require or permit a judicial or administrative proceeding to ratify it.

¹³ MCL 722.1003(1)

¹⁴ MCL 333.2824 and MCL 333.2831

¹⁵ This will be the spouse at the time of conception or, if none, the spouse at birth.

¹⁶ The *Parent Information Worksheet* is a Vital Records form used by hospital and birth center staff to collect information from the parent(s) about the circumstances of a child's conception and birth.

¹⁷ 45 CFR 302.70(a)(vii)

The amended Acknowledgment of Parentage Act states an AOP that complies with the Act **and is filed** with Vital Records establishes parentage and:

- Is the equivalent to an adjudication of the child's parentage;
- Confers on the acknowledged parent all rights and duties of a parent;
- May be the basis for court-ordered child support, custody, or parenting time without further adjudication under the Paternity Act or ARSPA;
- Provides the child with the same relationship to the birth parent and acknowledged parent as a child born in wedlock, with the same status, rights and duties of a child born in wedlock effective from birth.
- Grants the mother initial custody of the minor child, without prejudice to the determination of either parent's custodial rights, until otherwise determined by the court or otherwise agreed upon by the parties in writing and acknowledged by the court; and
- Serves as consent by the mother and father who signed the AOP to the general, personal jurisdiction of Michigan courts regarding issues of support, custody, and parenting time of the child.¹⁸

2. Requirements and Recommendations for Filing an AOP

The amended Act associates the effects listed above with a filed AOP. Filing the AOP with Vital Records is important to establish the rights of the signers and the child. Therefore:

- Hospital and birth center staff will immediately file with Vital Records the AOPs that individuals complete at the facility;
- When providing individuals with paper copies of the AOP to complete after they leave the facility, hospital and birth center staff will emphasize the importance of filing the AOP with Vital Records;
- IV-D staff and others who help participants complete the AOP must file it with Vital Records as soon as possible after completion; and
- IV-D staff will encourage a participant who provides a completed, unfiled AOP to file it with Vital Records, or IV-D staff will file it on the participant's behalf.

Vital Records' AOP registration processes will remain largely unchanged. If Vital Records staff confirm the AOP is an original document and has been properly completed, they will register the AOP.

¹⁸ MCL 722.1004; MCL 722.1006; MCL 722.1010

3. IV-D Staff Verification That an AOP Has Been Filed

IV-D staff may confirm an AOP has been filed with Vital Records by using the Central Paternity Registry/Birth Registry System (CPR/BRS) or the Vital Events Registration Application (VERA).¹⁹

a. Record Types

The following record types associated with an AOP in CPR/BRS or VERA confirm that the AOP has been filed with Vital Records:

- Hospital Filed Acknowledgment, Filed at Birth (Record Type 4 or Type 5); or
- Hospital Filed Acknowledgment, Filed After Birth Registration (Record Type 6).²⁰

b. AOP Copies

If either of the following exist, IV-D staff may consider the original AOP as filed:

- A CPR Certified Abstract:²¹ This is an MDHHS-certified replica of the AOP that contains the State Registrar's certification statement; or
- A CPR Mail or "Book" Copy: This is an MDHHS-certified copy of the original AOP, printed on safety paper with the state seal, that includes the signatures of the parents and witnesses/notaries.

Vital Records staff file each original, properly completed AOP they receive. As a result, IV-D staff may find multiple filed AOPs for a single child. In that situation, IV-D staff will consider the earliest-filed AOP with a Record Type 4, 5 or 6 as valid and effective.

4. Entering Paternity Establishment Information in MiCSES

a. AOP Filing Date

IV-D staff will enter the date on which the AOP was filed with Vital Records in the *Est Date* field on the *Paternity Est* tab of the MiCSES *Member Demographics* (DEMO) screen. IV-D staff may verify the AOP filing date in CPR/BRS and/or VERA.

¹⁹ OCS will migrate IV-D staff from CPR/BRS to VERA in 2025. OCS will announce the transition to VERA in a future IV-D Memorandum.

²⁰ For more information on these record types, reference [Exhibit 4.05E2](#).

²¹ In VERA, this form is called the "Certified Copy – AOP."

b. Paternity Establishment Method

For a child conceived with assisted reproduction and born in wedlock, IV-D staff will enter "M - Married" in the *Est Method* field on the *Paternity Est* tab of the DEMO screen regardless of whether the birth parent and spouse have signed an AOP to establish parentage of the child. In the future, this process may change as OCS further incorporates into IV-D policy the new law's impacts on parentage establishment for married and unmarried individuals who have used assisted reproduction.

D. Use of Current and Previous Versions of the AOP

1. Hard Copies and Electronic Copies of the AOP

IV-D, hospital, and birth center staff will begin using the new version of the AOP (Rev. 3/2025) on April 2, 2025. It will be available for printing from the MDHHS-OCS website. Also, as of the publication of this memorandum, VERA will allow hospital staff to generate the form for use by new parents.

The previous version of the AOP (Rev. 4/2016) will be obsolete on April 2, 2025. IV-D staff will discard unused hard copies of the previous version. Also, Vital Records and OCS staff will inform hospitals, birth centers, and other entities to destroy unused hard copies of the previous version.

2. Vital Records Registration of Previous Versions of the AOP

Vital Records will register older versions of the AOP if submitted for filing and the AOP otherwise meets all requirements for filing.

3. The AOP in MiCSES (Template 6040)

Currently, the AOP in MiCSES (Template 6040) is the Rev. 4/2016 AOP. Beginning April 2, 2025, IV-D staff must not generate the AOP from MiCSES; instead, they will access it from the MDHHS-OCS website. After the release on April 11, 2025, IV-D staff may resume generating the 6040 because it will reflect the updated AOP.

E. IV-D Service and ARSPA and the Amended Acknowledgment of Parentage Act

Establishment of parentage under the Acknowledgment of Parentage Act, including the completion of AOPs by individuals who have conceived with assisted reproduction, is a IV-D service reimbursable under Cooperative Reimbursement Program (CRP) contracts. When appropriate, IV-D staff should help participants establish parentage using an AOP in the two scenarios listed in Section A(2) of this

memorandum.²² IV-D staff with questions on how this guidance applies to a specific scenario may email one of the contact persons listed at the end of this memorandum.

At this time, the only service the Michigan IV-D program will offer under ARSPA is use of the AOP to establish parentage of a child conceived with assisted reproduction. OCS and IV-D partners will analyze if and how the program may provide other services under ARSPA. OCS will announce any change to this policy in a future publication.

F. Changes to the *Affidavit of Parentage* (DCH-0682)

To revise the AOP and its instructions, OCS and Vital Records staff worked with the MDHHS Legal Affairs Administration, hospital and birth center staff, IV-D child support professionals, advocates, and the State Court Administrative Office - Friend of the Court Bureau. Many changes to the AOP reflect the amendments to the Acknowledgment of Parentage Act discussed in this memorandum. The AOP changes are described below.

1. Content Changes

- Addition of a new section in which signers indicate whether they are:
 - A mother of a child and a man acknowledging the child as his child and that the child was not conceived with assisted reproduction; or
 - An individual who gave birth to a child conceived with assisted reproduction and another individual acknowledging the child as their child;
- Addition of a checkbox for the signers who used assisted reproduction to indicate whether they were married to each other at the time of birth and/or conception; and
- Emphasis on the importance of filing the AOP with Vital Records to ensure parentage is fully effective.

2. Language and Organization Changes

Other changes to the AOP are intended to enhance readability and inclusivity and advance the Michigan Child Support Program's Strategic Plan goal to improve the participant experience. Those changes include:

- Gender-neutral language where appropriate;
- Increased use of plain language; and

²² Federal law and regulations do not preclude state IV-D programs from establishing parentage for same-sex parents and families as a IV-D service. Ref: federal Office of Child Support Services (OCSS) Policy Interpretation Question (PIQ)-22-02, *Same-Sex Parents and Child Support Program Requirements*.

- Reorganized and reformatted material.

G. Outreach to Hospitals, Birth Centers, and Other Entities

MDHHS will issue an announcement about the revised AOP to hospitals, birth centers, children's protective services, and foster care professionals. OCS has partnered with Vital Records to provide webinars and other instruction to entities and individuals who help parents complete the AOP. IV-D staff had the opportunity to participate in a webinar on March 10, 2025 or March 13, 2025. The recording of this webinar is available to IV-D staff in the [Learning Management System \(LMS\)](#).²³

H. Quick Guide to the Affidavit of Parentage

OCS and Vital Records anticipate the AOP will continue to be most often used by a mother and man to establish paternity of a child conceived without assisted reproduction. However, individuals newly eligible to sign the AOP are entitled to voluntary parentage establishment services. For that reason, OCS has developed the *Quick Guide to the Affidavit of Parentage* as a job aid²⁴ for use by IV-D, hospital, and birth center staff, and other individuals who present the AOP to parents as part of Michigan's voluntary parentage establishment program.

NECESSARY ACTION:

Retain this IV-D Memorandum until further notice. Read the Rev. 3/2025 *Affidavit of Parentage* (DCH-0682), its instructions, and the job aid *Quick Guide to the Affidavit of Parentage*.

The updated *Affidavit of Parentage* (Rev. 3/2025) obsoletes the previous version of the form (Rev. 4/2016). Discard the previous version and begin using the new version. Discard existing copies of the DHS-Pub-780 (Rev. 2-17) and DHS-Pub-780-SP (Rev. 6-15).

REVIEW PARTICIPANTS:

Establishment Work Improvement Team
Program Leadership Group

²³ A link to the LMS is under the Help Desk & Training tab on mi-support. To find the webinar in the LMS, IV-D staff may enter "Introduction to the new AOP," in the *Search* field.

²⁴ A link to the *Quick Guide to the Affidavit of Parentage* is on the mi-support Paternity Establishment page: [Program Library > Index > Paternity Establishment > Training Library](#) and on the mi-support Paternity Establishment Percentage (PEP) page: [Central Activities > Paternity Establishment Percentage](#).

CONTACT PERSONS:

Renee Boucher
Paternity Establishment Program Liaison
BoucherR2@michigan.gov

Jennifer Granzow
Establishment Policy Analyst
GranzowJ1@michigan.gov

CC:

MDHHS Division for Vital Records and Health Statistics

SUPPORTING REFERENCES:

Federal
42 USC 666(a)(5)(C)
45 CFR 302.70(a)(vii)
45 CFR 303.5(g)

State
MCL 333.2824(1)
MCL 722.1001 et seq.
MCL 722.1701 et seq.
MCL 722.1801 et seq.

ATTACHMENT:

DCH-0682: *Affidavit of Parentage*

EPF/JMG