

State of _____

AFFIDAVIT OF PATERNITY BY FATHER OF CHILD

I, _____ [full name of father], hereby affirm the following:

1. That I am the biological father of a _____ [child's sex] child named _____ [full name of child], an infant born to _____ [full name of mother], on _____ [child's date of birth] at _____ [address of location where the child was born];
2. That the facts of the birth of my child were registered at the _____ [office name and address at which the birth was registered]
3. At the time of the birth of _____ [name of child], I was not married to _____ [full name of mother].

IN WITNESS WHEREOF, I have set my hand this _____ day of _____, 20____ at

[name and address of location where the affidavit is notarized and signed].

Signature of Father

Print Name

NOTARY ACKNOWLEDGEMENT

State of _____ [state where the affidavit is notarized]

County of _____ [county where the affidavit is notarized]

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by the undersigned, _____ [full name of father], who is personally known to me or satisfactorily proven to me to be the person whose name is subscribed to the within instrument.

Signature

Notary Public

My Commission Expires: _____

Seal

