AFFIDAVIT OF PATERNITY

PLEASE TYPE OR PRINT ALL INFORMATION LEGIBLY IN DARK INK

OFFICIAL USE ONLY:
AFFIDAVIT #
CERTIFICATE #

FACTS AS SHOWN ON ORIGINAL CERTIFICATE

1. NAME OF CHILD FIRST MIDDLE LAST		2. CHILD'S BIRTH DATE MONTH / DAY / YEAR
3. CITY / TOWN OF BIRTH	4. HOSPITAL	5. MOTHER'S MAIDEN NAME

NATURAL FATHER OF CHILD

6. NAME OF FATHER FIRST MIDDLE LAST				7. FATHER'S BIRTH DATE MONTH / DAY / YEAR
8. *SOCIAL SECURITY NO.	9. BIRTHPLACE STATE / COUNTRY	10. HISPANIC ORIGIN	11. RACE	12. EDUCATION (Highest Grade Completed) Elementary/Secondary (0-12) / College (1-4 or 5+)

Please give careful consideration to the name you wish your child to have. This is a one-time opportunity and any future changes will require a legal change of name through the superior court.

13. ENTER THE CHILD'S NAME AS IT IS TO APPEAR ON THE BIRTH CERTIFICATE	FIRST	MIDDLE	LAST

MOTHER

I have read and understand the back of this form, with this acknowledgment. I certify that I am the natural mother; that the information I provided is true; that I make this affidavit for the purpose of showing the natural father; and showing a change of the child's name if so indicated.

During pregnancy marital status was: ___Single ___Married ___Divorced/Widowed Date of Divorce/Death_____

Telephone #:_____ * Social Security #: _____Mother's Signature:_____

Mother's Mailing Address:_____ _____Zip Code:_____

NOTARY

Subscribed and sworn to before me this ____ day of_____ 20___Notary For:_____ (State)

Notary Signature:_____ My Commission Expires:_____

NOTARY SEAL

WITNESS

Witness (Print Name)_____
Witness Signature_____ Date Signed_____
Address_____ Zip Code_____
Telephone #_____ Social Security # (Optional)_____

I willingly state that I know the person who has signed this form to be the person that he/she states he/she is and I have witnessed their signature upon this form.

FATHER (If not married to the mother)

I have read and understand the back of this form, with this acknowledgment, I certify that I am the natural father; that I assume the parental duty of support; that the information I provided is true; that I make this affidavit for the purpose of showing the natural father; and showing a change of the child's name if so indicated.

Telephone #:_____ * Social Security #:_____ _____Father's Signature:_____

Father's Mailing Address: _____ _____Zip Code:_____

NOTARY

Subscribed and sworn to before me this_____day of_____ 20___Notary For:_____ (State)

Notary Signature:_____ My Commission Expires:_____

NOTARY SEAL

WITNESS

Witness (Print Name)_____
Witness Signature_____ Date Signed_____
Address_____ Zip Code_____
Telephone #_____ Social Security # (Optional)_____

I willingly state that I know the person who has signed this form to be the person that he/she states he/she is and I have witnessed their signature upon this form.

HUSBAND (Leave blank if mother not married at the time of conception, at any time during pregnancy or at birth)

I have read and understand the back of this form, with this acknowledgment, I certify that I am/was married to the mother of the child, described above and that I am not the natural father.

Telephone #:_____ * Social Security #:_____ Husband's Signature:_____

Husband's Mailing Address:_____ _____Zip Code:_____

NOTARY

Subscribed and sworn to before me this _____day of_____ 20___Notary For:_____ (State)

Notary Signature:_____ My Commission Expires:_____

NOTARY SEAL

WITNESS

Witness (Print Name)_____
Witness Signature_____ Date Signed_____
Address_____ Zip Code_____
Telephone # _____ Social Security # (Optional) _____

I willingly state that I know the person who has signed this form to be the person that he/she states he/she is and I have witnessed their signature upon this form.

READ THE BACK OF THIS FORM BEFORE COMPLETING OR SIGNING

SUBMIT WITH ORIGINAL SIGNATURES AND SEALS - Copies NOT accepted.

Mail To: Bureau of Vital Statistics, 5441 Commercial Blvd., Juneau, Alaska 99801

**Disclosure of your social security number is mandatory under 42 U.S.C.§666 (a)(13) and may be used for child support purposes.*

SAMPLE