CS-127-PF (10-03)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY **NO.**

ACKNOWLEDGMENT OF PATERNITY

PLEASE PRINT CLEARLY. Complete in BLACK INK. DO NOT ALTER, LEGAL DOCUMENT

CHILD'S INFORMATION

CHILD'S NAME *(First, Middle, Last, Suffix)* AS IT APPEARS ON THE BIRTH CERTIFICATE | BIRTHDATE (MM/DD/YY)

PLACE OF BIRTH *(City, County, State)* | HOSPITAL

☐ The mother was married at the time of conception and/or birth of the child.
☐ A court order or decree of dissolution which rebuts paternity is attached.
☐ A consent of the present/former husband is attached.

HOW YOU WANT THE CHILD'S NAME TO APPEAR ON THE BIRTH CERTIFICATE

IF THE CHILD'S NAME HAS NOT CHANGED, PLEASE PRINT THE CHILD'S NAME AS IT APPEARS ON THE ORIGINAL BIRTH CERTIFICATE

FIRST | MIDDLE | LAST | SUFFIX *(Jr., II)*

MOTHER'S INFORMATION

FIRST NAME | MIDDLE NAME | LAST NAME | MAIDEN NAME | BIRTHDATE *(MM/DD/YY)*

SOC. SEC. NO. | AREA CODE AND PHONE NO. | PLACE OF BIRTH *(City, State)* | COUNTRY OF BIRTH

ADDRESS *(Street, Apt. No, City, State, ZIP)* | EMPLOYER | OCCUPATION

FATHER'S INFORMATION

FIRST NAME | MIDDLE NAME | LAST NAME | BIRTHDATE *(MM/DD/YY)*

SOC. SEC. NO. | AREA CODE AND PHONE NO. | PLACE OF BIRTH *(City, State)* | COUNTRY OF BIRTH

ADDRESS *(Street, Apt. No., City, State, ZIP)* | EMPLOYER | OCCUPATION

ETHNICITY
☐ Asian/Pacific Islander ☐ Black ☐ White
☐ Hispanic *(specify)* _____
☐ Am. Indian/Alaskan Native *(tribe)* _____

EDUCATION *(Circle highest grade completed at the time of child's birth)*
Elementary 0 1 2 3 4 5 6 7 8
High School 9 10 11 12 College 1 2 3 4 5+

This Acknowledgement is being signed voluntarily with no threat or harm or duress. I have received written and oral notice and have read the back of this form. I understand my alternatives, the legal consequences and the rights and responsibilities. I swear and affirm under penalty of perjury pursuant to A.R.S. §13-2702 that this application and any accompanying documents have been examined by me and to the best of my knowledge and belief are true and correct.

SIGNATURE OF MOTHER *(Sign only in presence of Witness)* | DATE | SIGNATURE OF FATHER *(Sign only in presence of Witness)* | DATE

SIGNATURE OF WITNESS (TO BE COMPLETED BY THE *(Check one)* ☐ HOSPITAL ☐ GOVERNMENT AGENCY ☐ OTHER) | DATE | SIGNATURE OF WITNESS (TO BE COMPLETED BY THE *(Check one)* ☐ HOSPITAL ☐ GOVERNMENT AGENCY ☐ OTHER) | DATE

WITNESS MUST BE AT LEAST 18 YEARS OF AGE AND NOT RELATED BY BLOOD OR MARRIAGE.

PRINTED NAME OF WITNESS | PRINTED NAME OF WITNESS

ADDRESS | ADDRESS

NOTARY SECTION

TO BE COMPLETED BY A NOTARY PUBLIC ONLY IF NOT WITNESSED ABOVE

State of Arizona, County of _____
Subscribed and sworn or affirmed and acknowledged before me this _____ day of _____, _____

NOTARY PUBLIC

PLACE NOTARY SEAL HERE

My Commission expires _____

State of Arizona, County of _____
Subscribed and sworn or affirmed and acknowledged before me this _____ day of _____, _____

NOTARY PUBLIC

PLACE NOTARY SEAL HERE

My Commission expires _____

☐ Check this box if form completed at the hospital. Paternity Date _____

ALL COPIES OF THIS DOCUMENT MUST HAVE ORIGINAL SIGNATURES. *For Office Use Only*

THIS ACKNOWLEDGMENT IS BEING SIGNED VOLUNTARILY WITH NO THREAT OR HARM OR DURESS

SAMPLE

CS-127-PF (10-03)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

NO.

ACKNOWLEDGMENT OF PATERNITY

PLEASE PRINT CLEARLY. Complete in BLACK INK. DO NOT ALTER. LEGAL DOCUMENT

CHILD'S INFORMATION

CHILD'S NAME *(First, Middle, Last, Suffix)* AS IT APPEARS ON THE BIRTH CERTIFICATE | BIRTHDATE (MM/DD/YY)

PLACE OF BIRTH *(City, County, State)* | HOSPITAL

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FIRST | MIDDLE | LAST | SUFFIX *(Jr., II)*

MOTHER'S INFORMATION

FIRST NAME | MIDDLE NAME | LAST NAME | MAIDEN NAME | BIRTHDATE *(MM/DD/YY)*

SOC. SEC. NO. | AREA CODE AND PHONE NO. | PLACE OF BIRTH *(City, State)* | COUNTRY OF BIRTH

ADDRESS *(Street, Apt. No, City, State, ZIP)* | EMPLOYER | OCCUPATION

FATHER'S INFORMATION

FIRST NAME | MIDDLE NAME | LAST NAME | BIRTHDATE *(MM/DD/YY)*

SOC. SEC. NO. | AREA CODE AND PHONE NO. | PLACE OF BIRTH *(City, State)* | COUNTRY OF BIRTH

ADDRESS *(Street, Apt. No., City, State, ZIP)* | EMPLOYER | OCCUPATION

ETHNICITY
☐ Asian/Pacific Islander ☐ Black ☐ White
☐ Hispanic *(specify)* _____
☐ Am. Indian/Alaskan Native *(tribe)* _____

EDUCATION *(Circle highest grade completed at the time of child's birth)*
Elementary 0 1 2 3 4 5 6 7 8
High School 9 10 11 12 College 1 2 3 4 5+

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SIGNATURE OF MOTHER *(Sign only in presence of Witness)* | DATE | SIGNATURE OF FATHER *(Sign only in presence of Witness)* | DATE

SIGNATURE OF WITNESS (TO BE COMPLETED BY THE *(Check one)* ☐ HOSPITAL ☐ GOVERNMENT AGENCY ☐ OTHER) | DATE | SIGNATURE OF WITNESS (TO BE COMPLETED BY THE *(Check one)* ☐ HOSPITAL ☐ GOVERNMENT AGENCY ☐ OTHER) | DATE

WITNESS MUST BE AT LEAST 18 YEARS OF AGE AND NOT RELATED BY BLOOD OR MARRIAGE.

PRINTED NAME OF WITNESS | PRINTED NAME OF WITNESS

ADDRESS | ADDRESS

NOTARY SECTION

TO BE COMPLETED BY A NOTARY PUBLIC ONLY IF NOT WITNESSED ABOVE

State of Arizona, County of _____
Subscribed and sworn or affirmed and acknowledged before me this _____ day of _____, _____

NOTARY PUBLIC

PLACE NOTARY SEAL HERE

My Commission expires _____

State of Arizona, County of _____
Subscribed and sworn or affirmed and acknowledged before me this _____ day of _____, _____

NOTARY PUBLIC

PLACE NOTARY SEAL HERE

My Commission expires _____

☐ Check this box if form completed at the hospital. Paternity Date _____

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THIS ACKNOWLEDGMENT IS BEING SIGNED VOLUNTARILY WITH NO THREAT OR HARM OR DURESS

SAMPLE

CS-127-PF (10-03)

DEPARTAMENTO DE SEGURO ECONÓMICO DE ARIZONA **NÚM.**

RECONOCIMIENTO DE PATERNIDAD

FAVOR DE ESCRIBIR CLARAMENTE. Llene con TINTA NEGRA. NO ALTERE ESTE DOCUMENTO LEGAL

INFORMACIÓN ACERCA DEL NIÑO

NOMBRE DEL NIÑO *(Primer nombre, segundo, apellido, sufijo)* COMO APARECE EN EL CERTIFICADO DE NACIMIENTO | FECHA DE NACIMIENTO (Mes/día/año)

LUGAR DE NACIMIENTO *(Ciudad, condado, estado)* | HOSPITAL

☐ La madre estaba casada al momento de la concepción/el nacimiento del niño.
☐ Adjunto hay una orden del tribunal o decreto de disolución que refuta la
☐ Adjunto hay un consentimiento del esposo actual/anterior.

CÓMO DESEA QUE APAREZCA EL NOMBRE DEL NIÑO EN EL CERTIFICADO DE NACIMIENTO

SI EL NOMBRE DEL NIÑO NO HA CAMBIADO, ESCRIBA EL NOMBRE TAL COMO APARECE EN EL CERTIFICADO DE NACIMIENTO ORIGINAL

PRIMER NOMBRE | SEGUNDO NOMBRE | APELLIDO | SUFIJO *(Jr., II)*

INFORMACIÓN ACERCA DE LA MADRE

PRIMER NOMBRE | SEGUNDO NOMBRE | APELLIDO | NOMBRE DE SOLTERA | FECHA DE NACIMIENTO *(Mes/día/año)*

NÚM. DE SEGURO SOCIAL | CÓDIGO DE ÁREA Y TELÉFONO | LUGAR DE NACIMIENTO *(Ciudad, estado)* | PAÍS DE NACIMIENTO

DIRECCIÓN *(Calle, núm. de apartamento, ciudad, estado, código postal ZIP)* | EMPLEADOR | OCUPACIÓN

INFORMACIÓN ACERCA DEL PADRE

PRIMER NOMBRE | SEGUNDO NOMBRE | APELLIDO | FECHA DE NACIMIENTO *(Mes/día/año)*

NÚM. DE SEGURO SOCIAL | CÓDIGO DE ÁREA Y TELÉFONO | LUGAR DE NACIMIENTO *(Ciudad, estado)* | PAÍS DE NACIMIENTO

DOMICILIO *(Calle, núm. de apartamento, ciudad, estado, código postal ZIP)* | EMPLEADOR | OCUPACIÓN

TRASFONDO ÉTNICO
☐ Asiático/Islas del Pacífico ☐ Negro ☐ Blanco
☐ Hispano *(especifique)* _____
☐ Indígena Norteamericano/Alaska *(tribu)* _____

EDUCACIÓN *(Marque el grado más alto cursado cuando nació el niño)*
Primaria 0 1 2 3 4 5 6 7 8
Secundaria 9 10 11 12 Universidad 1 2 3 4 5+

Este Reconocimiento de Paternidad se firma voluntariamente, sin amenaza, perjuicio ni coerción. He recibido aviso escrito y verbal, y he leído el reverso de este formulario. Comprendo las opciones, las consecuencias legales y los derechos y las responsabilidades. Juro y afirmo bajo pena de perjurio conforme a A.R.S. §13-2702 que he examinado esta solicitud y todos los documentos adjuntos y que según mi mejor saber y entender son ciertos y correctos.

FIRMA DE LA MADRE *(Firme solamente en presencia de un Testigo)* FECHA | FIRMA DEL PADRE *(Firme solamente en presencia de un Testigo)* FECHA

FIRMA DEL TESTIGO (A EJECUTARSE EN *(Marque una)*: ☐ HOSPITAL ☐ AGENCIA GUBERNAMENTAL ☐ OTRO) FECHA | FIRMA DEL TESTIGO (A EJECUTARSE EN *(Marque una)*: ☐ HOSPITAL ☐ AGENCIA GUBERNAMENTAL ☐ OTRO) FECHA

EL TESTIGO DEBE TENER POR LO MENOS 18 AÑOS DE EDAD Y NO TENER PARENTESCO SANGUÍNEO O POR MATRIMONIO.

NOMBRE DEL TESTIGO CON LETRA DE MOLDE | NOMBRE DEL TESTIGO CON LETRA DE MOLDE

DIRECCIÓN | DIRECCIÓN

SECCIÓN PARA EL NOTARIO

DEBE SER RELLENADA ANTE UN NOTARIO PÚBLICO SOLAMENTE EN AUSENCIA DE TESTIGOS PARA FIRMAR

Estado de Arizona, condado _____
Subscrito y jurado o afirmado y reconocido ante mí
este _____ día de _____, _____
NOTARIO PÚBLICO
SELLO DEL NOTARIO AQUÍ
Mi comisión vence _____

Estado de Arizona, condado _____
Suscrito y jurado o afirmado y reconocido ante mí
este _____ día de _____, _____
NOTARIO PÚBLICO
SELLO DEL NOTARIO AQUÍ
Mi comisión vence _____

☐ Marque esta cajita si llenó el formulario en el hospital. Fecha de paternidad _____ *Sólo para uso de oficina*

TODAS LAS COPIAS DE ESTE DOCUMENTO TIENEN QUE TENER FIRMAS ORIGINALES.

ESTE RECONOCIMIENTO DE PATERNIDAD SE FIRMA VOLUNTARIAMENTE, SIN AMENAZA, PERJUICIO NI COERCIÓN

SOLAMENTE PARA MUESTRA
NO FIRMA AQUI
NO VALIDA POR REGISTRADA