

DECLARATION OF PATERNITY

SEND ORIGINAL (White Copy) TO: DCSS - Paternity Opportunity Program

CS 909 (4/21/06)

PO Box 419070

INSTRUCTIONS: PLEASE READ PAGE 1 AND 2 BEFORE COMPLETING

Rancho Cordova, CA 95741-9070

SECTION A ALL PARTS OF SECTIONS A & B MUST BE COMPLETED AND EITHER SECTION C OR D WITNESSED CHANGES CANNOT BE MADE TO THIS FORM ONCE IT IS FILED WITH THE STATE

Form with fields for Child, Place of Birth, Father's Information, and Mother's Information, including name, date of birth, and social security number.

SECTION B READ OTHER SIDE BEFORE SIGNING

I declare under the penalty of perjury under the laws of the State of California that I am the biological father of the child named on this declaration and that the information I have provided is true and correct.

I declare under the penalty of perjury under the laws of the State of California that I am the unmarried natural mother of the child named on this declaration and that the information I have provided is true and correct.

Signature and date fields for Father and Mother.

SECTION C TO BE COMPLETED BY A WITNESS AT THE HOSPITAL, AGENCY OR CLINIC (PLEASE PRINT AND SIGN)

Witness signature and name fields, and agency address field.

SECTION D TO BE COMPLETED BY A NOTARY PUBLIC IF SECTION C IS NOT WITNESSED ABOVE

Notary fields for State, County, Date, and Officer Name/Title.

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal. Signature

(SEAL)