

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
STATE CENTER FOR HEALTH STATISTICS - VITAL RECORDS SECTION

AFFIDAVIT OF PARENTAGE FOR CHILD BORN OUT OF WEDLOCK

(Type or print all information)

We hereby affirm that _____
(Full Name of Child)

Who was born _____, in _____
(Date of Birth) (City, County of Birth)

at _____ Affidavit signed at _____
(Hospital or Institution)(If neither, street address) (Hospital, IV-D, Clerk of Court, Other)

is the natural child of _____
(Full Name of Father) / (Social Security Number)

_____ (Address)

and _____
(Full Maiden Name of Mother) / (Social Security Number)

_____ (Address)

INFORMATION CONCERNING THE FATHER

Race _____ Birthdates _____
(Specify White, Black, Am Indian, etc.) (Month, Day, Year)

Is father of Hispanic origin? ()Yes ()No Birthplace _____
(County, State or Foreign County)

If yes, specify Cuban, Mexican, Puerto Rican, etc. _____ Education _____
(Highest Grade Completed Elem 1- 8; High 9-12; Col 13-17+)

CERTIFICATION OF PARENTS

I acknowledge that I have received and understand the information on page two of this form that explains the purpose and consequences of signing this document, including possible requirements to pay child support.

Mother

I am the natural mother and the man named above is the natural father of the child named above. I also declare and affirm that I () was unmarried at the time I became pregnant () was married to someone other than the above named father when I became pregnant with the above named child or when the child was born. **(See Instructions, #1)**

Signature of Mother _____

(and parent, guardian or custodial adult if minor mother)

Sworn to and subscribed before me this _____ day of _____
(SEAL)

Father

I acknowledge that I am the natural father of the child named above. I understand that this Affidavit shall, when signed and sworn by both parents, have the same force and effect as a judgment of the court in establishing my paternity of the above named child.

Signature of Father _____

(and parent, guardian or custodial adult if minor father)

Sworn to and subscribed before me this _____ day of _____
(SEAL)

NOTARY PUBLIC

My commission expires _____

NOTARY PUBLIC

My commission expires _____

INSTRUCTIONS ON PAGE TWO