

AFFIDAVIT OF PATERNITY



(SEE INSTRUCTIONS ON BACK)

SECTION I: INFORMATION ABOUT THE CHILD (PRINT ALL INFORMATION IN THIS SECTION)

To the Clerk of _____, in the County of _____, in the State of N.H. Under oath, the individual named below declares and says that he is the natural father of _____, who was born in _____, on _____, and whose mother is _____, born on _____. The parents do hereby give their consent, pursuant to RSA 5-C:24, to having the father's information entered on the Birth Certificate as _____, born on _____, in the State of _____, and do hereby agree to indemnify and hold blameless all persons and institutions who are responsible for the preparation and maintaining of said certificate from any liability by reason of such act.

The child's name on the Birth Certificate shall appear as: _____ Is this child living? Yes No If No: Date of Death _____ Place of Death _____

SECTION II: INFORMATION ABOUT THE CHILD'S NATURAL FATHER

I am signing this Affidavit voluntarily and of my own free will. No force has been used upon me, and no threats or promises made to me by anyone. I understand that by signing this Affidavit I am declaring I am the natural father of the child named above (see back) and accept financial and legal responsibility for the child and shall be subject to the child support provisions of RSA 168-A:2. I understand that a signed Affidavit is a finding of paternity equal to a finding by a court of law.

Father's Signature _____ Date _____ If father is a minor, parent/guardian must sign _____ Father's Social Security # _____ Father's Address _____ Signature of Notary Public/Justice of the Peace _____ Described and sworn to before me this _____ day of _____, _____. Commission expires _____, _____. **SEAL**

SECTION III: INFORMATION ABOUT THE CHILD'S MOTHER

Mother's Signature _____ Date _____ If mother is a minor, parent/guardian must sign _____ Mother's Social Security # _____ Mother's Address _____ Signature of Notary Public/Justice of the Peace _____ Described and sworn to before me this _____ day of _____, _____. Commission expires _____, _____. **SEAL**

SECTION IV: WHEN THE MOTHER'S HUSBAND IS NOT THE CHILD'S NATURAL FATHER

Husband's Name (print) _____ Husband's Signature _____ Date _____ If husband is a minor, parent/guardian must sign _____ Husband's Social Security # _____ Husband's Address _____ Signature of Notary Public/Justice of the Peace _____ Described and sworn to before me this _____ day of _____, _____. Commission expires _____, _____. **SEAL**

SECTION V: CERTIFICATION OF HOSPITAL, BIRTHING CENTER, MIDWIFE, ETC.

This section is ONLY completed when this form is being signed in a hospital/birthing center after the birth of a child, or when a midwife assisted in a home birth. Pursuant to RSA: 5-C:24, I certify that the parents named above have been provided with information about the purpose of this Affidavit, directions on how to complete the Affidavit, and information about their rights and responsibilities.

Name (print) _____ Signature _____ Date _____ Employer (print) _____ Address _____

SECTION VI: CITY/TOWN CLERK

Signature _____ CITY/TOWN CLERK _____ CITY/TOWN _____ DATE RECEIVED _____