Washington State Department of Health
Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

PATERNITY AFFIDAVIT

THIS IS A LEGAL DOCUMENT
Fees: $15 Filing Fee
$17 Birth Certificate

This document establishes paternity under Article 3 of the Uniform Parentage Act, chapter 26.26.RCW

Signatures of the parents below establish paternity and create legally binding duties upon both parents for the child named in this affidavit, including the duty for both parents to financially support the child. *Do not sign until you understand your legal rights and responsibilities as stated on the back of this form.*

Complete in ink and do not alter.

Child as Stated on the Birth Certificate

1. Child's First Name
2. Middle Name
3. Last Name
4. Child's Date of Birth (MM/DD/YYYY) / /
5. City of Birth
6. State of Birth
7. Sex ☐ Female ☐ Male
8. Name of Hospital or Location where Child was Born

Natural Mother of Child

9. Mother's First Name
10. Middle Name
11. Last Name
12. Maiden Name
13. Mother's Date of Birth (MM/DD/YYYY) / /
14. Mother's Race
15. Social Security Number
16. Telephone ( )
17. Mother's Street Address
18. City
19. State
20. Zip

21. Were you married to someone other than the natural father at any time during this pregnancy? ☐ Yes ☐ No
If ***YES***, the husband must complete the Denial of Paternity on last page. See item #42.

Natural Father of Child

22. Father's First Name
23. Middle Name
24. Last Name
25. Father's Date of Birth (MM/DD/YYYY) / /
26. State/Country of Birth
27. Father's Race
28. Social Security Number
29. Telephone ( )
30. Occupation
31. Industry
32. Father's Street Address
33. City
34. State
35. Zip

36. Have you submitted to genetic testing regarding the child named in this affidavit? ☐ Yes ☐ No
If YES, did the test results show that you are the father of the child named above? ☐ Yes ☐ No

Legal Name Change of Child

You may legally change the name of a child now by filling in the information requested below. If the child is over 18 years of age a court order is required to change the child's name.

37. Child's New First Name
38. Child's New Middle Name
39. Child's New Last Name

Read and Understand *Before* You Sign This Affidavit

Both parents must sign before a Notary Public or this affidavit will not be accepted for filing. Each party signing below declares under penalty of perjury under the laws of the State of Washington that they understand the information contained in this affidavit and the information they have provided is true and correct. Each party accepts the responsibility to provide child support as determined by applicable law.

40.

Mother's Signature **X** _____

Signed and sworn before me on _____ by _____ Print - Mother's Name

_____ Signature of Notary Public

Print - Notary Name My appointment expires:

Void Without Notary Seal Here

41.

Father's Signature **X** _____

Signed and sworn before me on _____ by _____ Print - Father's Name

_____ Signature of Notary Public

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2. Middle Name
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4. Child's Date of Birth (MM/DD/YYYY) / /
5. City of Birth
6. State of Birth
7. Sex ☐ Female ☐ Male
8. Name of Hospital or Location where Child was Born

Natural Mother of Child

9. Mother's First Name
10. Middle Name
11. Last Name
12. Maiden Name
13. Mother's Date of Birth (MM/DD/YYYY) / /
14. Mother's Race
15. Social Security Number
16. Telephone ( )
17. Mother's Street Address
18. City
19. State
20. Zip

21. Were you married to someone other than the natural father at any time during this pregnancy? ☐ Yes ☐ No
If ***YES***, the husband must complete the Denial of Paternity on last page. See item #42.

Natural Father of Child

22. Father's First Name
23. Middle Name
24. Last Name
25. Father's Date of Birth (MM/DD/YYYY) / /
26. State/Country of Birth
27. Father's Race
28. Social Security Number
29. Telephone ( )
30. Occupation
31. Industry
32. Father's Street Address
33. City
34. State
35. Zip

36. Have you submitted to genetic testing regarding the child named in this affidavit? ☐ Yes ☐ No
If YES, did the test results show that you are the father of the child named above? ☐ Yes ☐ No

Legal Name Change of Child

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Father's Signature X _____

Signed and sworn before me on _____ by _____ Print - Father's Name

Void Without Notary Seal Here

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Print - Notary Name My appointment expires:

Division of Child Support Copy

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Child as Stated on the Birth Certificate

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2. Middle Name
3. Last Name
4. Child's Date of Birth (MM/DD/YYYY) / /
5. City of Birth
6. State of Birth
7. Sex ☐ Female ☐ Male
8. Name of Hospital or Location where Child was Born

Natural Mother of Child

9. Mother's First Name
10. Middle Name
11. Last Name
12. Maiden Name
13. Mother's Date of Birth (MM/DD/YYYY) / /
14. Mother's Race
15. Social Security Number
16. Telephone ( )
17. Mother's Street Address
18. City
19. State
20. Zip

21. Were you married to someone other than the natural father at any time during this pregnancy? ☐ Yes ☐ No
If ***YES***, the husband must complete the Denial of Paternity on last page. See item #42.

Natural Father of Child

22. Father's First Name
23. Middle Name
24. Last Name
25. Father's Date of Birth (MM/DD/YYYY) / /
26. State/Country of Birth
27. Father's Race
28. Social Security Number
29. Telephone ( )
30. Occupation
31. Industry
32. Father's Street Address
33. City
34. State
35. Zip

36. Have you submitted to genetic testing regarding the child named in this affidavit? ☐ Yes ☐ No
If YES, did the test results show that you are the father of the child named above? ☐ Yes ☐ No

Legal Name Change of Child

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39. Child's New Last Name

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Father's Signature X _____

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Mother's Copy

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Complete in ink and do not alter.

Child as Stated on the Birth Certificate

1. Child's First Name	4. Child's Date of Birth (MM/DD/YYYY) / /
2. Middle Name	5. City of Birth
3. Last Name	6. State of Birth
7. Sex ☐ Female ☐ Male	8. Name of Hospital or Location where Child was Born

Natural Mother of Child

9. Mother's First Name	13. Mother's Date of Birth (MM/DD/YYYY) / /
10. Middle Name	14. Mother's Race
11. Last Name	15. Social Security Number
12. Maiden Name	16. Telephone ( )

17. Mother's Street Address	18. City	19. State	20. Zip

21. Were you married to someone other than the natural father at any time during this pregnancy? ☐ Yes ☐ No
If ***YES***, the husband must complete the Denial of Paternity on last page. See item #42.

Natural Father of Child

22. Father's First Name	25. Father's Date of Birth (MM/DD/YYYY) / /
23. Middle Name	26. State/Country of Birth
24. Last Name	27. Father's Race

28. Social Security Number	29. Telephone ( )	30. Occupation	31. Industry

32. Father's Street Address	33. City	34. State	35. Zip

36. Have you submitted to genetic testing regarding the child named in this affidavit? ☐ Yes ☐ No
If YES, did the test results show that you are the father of the child named above? ☐ Yes ☐ No

Legal Name Change of Child

You may legally change the name of a child now by filling in the information requested below. If the child is over 18 years of age a court order is required to change the child's name.

37. Child's New First Name	38. Child's New Middle Name	39. Child's New Last Name

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Father's Signature X _____

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Washington State Department of Health

Husband's Denial of Paternity

A presumed father is usually the husband. If a husband does not complete this denial and a divorce decree does not deny the husband's paternity, a court order is required to add the natural father to the child's birth certificate.

42. Husband's Name			**42a.** Telephone ( )
42b. Street Address	**42c.** City	**42d.** State	**42e.** Zip

I, _____, am the husband/ex-husband of _____

and I am not the natural father of _____ born on _____

in _____, Washington.

I declare under penalty of perjury under the laws of the State of Washington that the above statement is true and correct.

42f.

Husband's Signature **X** _____

Signed and sworn before me on _____ by _____ Print - Husband's Name

Void Without Notary Seal Here

_____ Signature of Notary Public

Print - Notary Name My appointment expires:

Child 18 Years or Older

43. Adult Child's Name			**43a.** Telephone ( )
43b. Street Address	**43c.** City	**43d.** State	**43e.** Zip

I, _____ Full Name of Adult Child _____, the child of _____ Full Name of Mother _____

and _____ Full Name of Father _____, am 18 years of age or older and know that my birth certificate does not reflect my natural father's name. I consent to changing my birth certificate to add this information. I know that my last name cannot be changed without a court order.

I declare under penalty of perjury under the laws of the State of Washington that the above statement is true and correct.

43f.

Adult Child's Signature **X** _____

Signed and sworn before me on _____ by _____ Print - Adult Child's Name

Void Without Notary Seal Here

_____ Signature of Notary Public

Print - Notary Name My appointment expires:

Center for Health Statistics

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