

## Affidavit of Paternity

I, , residing at , do hereby affirm and state as follows:

1. I am the biological father of the minor child named , born on .
2. The mother of the child is .
3. I voluntarily acknowledge and accept full legal responsibility and parental rights for the above-named minor child.

I certify that the information provided herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Father's Signature

Date:

\_\_\_\_\_  
Mother's Signature

Date:

### Notary Public

Subscribed and sworn before me on this  day of , 20.

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: