

AFFIDAVIT IN SUPPORT OF ESTABLISHING PARENTAGE

INTERNATIONAL FORM

Petitioner:

Respondent:

File Stamp

Ref. Number _____

U.S. Case No. _____

SECTION 1

I, _____ on oath, under penalty of perjury depose and allege:
Name (First, Middle, Last)

1. I am the ☐ natural mother of the child named below:
☐ natural father

Child's Full Name (First, Middle, Last)		Child's Date of Birth (Month, Date, Year)	Place of Birth (City, State, Nation)
Date Mother Got Pregnant (Month, Date, Year)	Full Term Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, explain)	Where Mother Got Pregnant (City, State, Nation)	

2. The child was conceived as a result of sexual intercourse between _____ and me during the time stated above.
Name (First, Middle, Last)
3. A man is named as the father on the child's birth certificate. Please attach a copy in all instances.
☐ No ☐ Yes, If Yes, the man's name and address are:
4. A man was married to the natural mother, and the child's birth occurred within a year of the end of the marriage. ☐ No ☐ Yes If Yes, the man's name and address are:
5. A man signed an acknowledgment of paternity. ☐ No ☐ Yes, If Yes, please attach a copy and provide the man's name and address:
6. A man acted as and presented himself to be the child's father. ☐ No ☐ Yes
If Yes, the man's name and address are:
7. Genetic tests were completed to determine the father of the child. ☐ No ☐ Yes
If Yes, please attach the results and describe in Section 4 the outcome of the test and list the name(s) and addresses of the man/men tested.

SECTION 2 (TO BE COMPLETED BY MOTHER ONLY)**NOTE: THIS SECTION IS OPTIONAL, UNLESS REQUIRED BY THE RESPONDING JURISDICTION**

1. I had sexual intercourse with another man (other than the man I am naming as the child's natural father) during the time 30 days before or 30 days after the child was conceived. ☐ No ☐ Yes

If Yes, complete the following:

- The name(s) and Address(es) of the other man/men:

- The other man/men are biologically related to the man I am naming as the child's natural father.
☐ No ☐ Yes If Yes, explain the biological relationship (e.g., brother, cousin, uncle, etc.):

- I do not believe the other man/men is/are the father because:

2. I was married at the time of this child's birth. ☐ No ☐ Yes, If Yes, complete the following:

- Husband's name (first, middle, last) and last known address:

- Explain why the husband is not the father of this child and attach all appropriate documents, including divorce decree, blood test results and prior findings of non-parentage, if any:

3. _____ is the father of this child. The following facts support my allegations:

Name (First, Middle, Last)

- | | | |
|---|--|--|
| 4. We lived together. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dates: _____ To _____
Location _____ |
| 5. I have told welfare officials that he is the father of this child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| 6. I told him that he was the father of the child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. He is named as the father on the birth certificate. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached |
| 8. He admitted being the father of the child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. He signed an acknowledgment of paternity. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached |
| 10. He sent cards/letters regarding the pregnancy and/or about the child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Copies Attached |
| 11. He was present at the birth of the child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 12. He visited the child at the hospital following birth. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13. He offered to pay for an abortion/medical expenses. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14. He paid for birth related expenses. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 15. He claimed the child on tax returns. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| 16. He has provided food, clothing, gifts or financial support for the child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV |
| 17. He lived with the child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV |
| 18. He visited the child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV |
| 19. The child resembles him. <input type="checkbox"/> Photo attached | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV |

SECTION 3 - TO BE COMPLETED BY FATHER ONLY**NOTE: THIS SECTION IS OPTIONAL, UNLESS REQUESTED BY THE RESPONDING JURISDICTION**

The following facts support my belief and statements that I am the father of this child:

The mother and I lived together.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates:_____To_____
		Location_____
The mother told me that I am the father of the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I am named as the father on the birth certificate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Certified Copy Attached
I signed an acknowledgment of paternity.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Certified Copy Attached
I was present at the birth of the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I visited the child at the hospital following birth.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I offered to pay for an abortion/medical expenses.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I paid for birth related expenses.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I claimed the child on tax returns.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I have provided food, clothing, gifts or financial support for the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain in Section 4
I lived with the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain in Section 4
I visited the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain in Section 4
The child resembles me. <input type="checkbox"/> Photo attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain in Section 4
There are witnesses to my relationship with the child's mother.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(If Yes, list names and addresses and briefly describe relevant facts known by each under Section 4)		

SECTION 4 -- OTHER PERTINENT INFORMATION (including detailed explanations for "Yes" responses in Section 2 or Section 3 above) :

☐ Continued On Attached Sheet(s), incorporated by reference.

SECTION 5A.- Verification/Certification -- For Use By Other Country Only

Subject to the penalties for providing false information under the laws of _____
Name of country

pursuant to _____, the information and facts contained in this AFFIDAVIT IN
Order, Decree, Statute, or Regulation Providing Penalty

SUPPORT OF ESTABLISHING PARENTAGE are true and correct to my best knowledge and belief.

Date

Signature of Affiant

If the legal citation for penalties for providing false information is not provided above, this document must be executed before a public official authorized to administer oaths, affirmations, certifications and verifications.

Executed before
Me this Date

Public Official's printed name and title

(Seal)

Signature of Public Official

5B. Verification/Certification -- For Use By United States

Under the penalties of perjury, all information and facts contained in this AFFIDAVIT IN SUPPORT OF ESTABLISHING PARENTAGE are true and correct to my best knowledge and belief.

Date

Signature of Affiant

Sworn to and signed before
Me this Date

Notary Public

Commission expires