

Paternity Witness Statement

CSSD Case No. _____

Complete a separate statement for each child whose paternity must be established (whose birth certificate lists no father).
(Use the back of the form for detailed explanations.)

I, _____, am the natural mother of _____

Child's date of birth _____ () Male () Female Child's place of birth (city, county, state) _____

a. Date of conception (month, date, year) _____ City, county, state where conception occurred _____

b. Full term pregnancy? () Yes () No If no, explain: _____

c. The child was conceived as a result of sexual intercourse between _____ and me during the time stated above.

d. A man is named as the father on the child's birth certificate. () Yes (attach copy) () No If yes, provide his name and address: _____

e. I was married at the time of this child's birth. () Yes () No If yes, complete the following:
Husband's name (first, middle, last) and last known address: _____

State why husband is not the father of this child and attach all appropriate documents, including divorce decree, test results, and prior findings of nonpaternity, if any: _____

f. Genetic tests were completed to determine the father of the child. () Yes () No If yes, attach results, explain outcome, and list name(s) and address(es) of the man or men tested: _____

g. I had sexual intercourse with another man or men (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 () Yes () No If yes, complete the following:

Name and address of other man/men: _____

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

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

All the information and facts contained in this Paternity Witness Statement are true and correct to the best of my knowledge and belief. I agree to submit myself and my child, if I am the child's custodian, to genetic testing when necessary to establish paternity.

Date

Signature of mother

Statement of witness to mother's signature

I verified the identity of _____, and witnessed her signing of this form.

Signature of witness _____ Date _____

Printed name of witness _____ Telephone number of witness _____

Address of witness _____