

# 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 \_\_\_\_\_