

\_\_\_\_\_  
Plaintiff

vs.

\_\_\_\_\_  
Defendant

**Certification in Support of  
Establishing Paternity**

**Do not complete this form if there is a court order or parents have signed a  
Certificate of Parentage.**

**If not, a certification form is required for each child.**

**Section I**

I, (Plaintiff) \_\_\_\_\_ under oath allege:  
Name (First, Middle, Last)

1. I am the  natural mother of the child named below:  
 natural father  
 caretaker (Grandmother, other relative, etc.-fill out **Section IV**)

Child's Full Name (First, Middle, Last)	Child's Date of Birth (Month, Day, Year)	Place of Birth (City, County, State, Country)

**Section II (To be Completed by Natural Mother Only)**

Date of Approximate Conception (Month, Date, Year)	Full Term Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No (if No explain)	Where Conception Occurred (City, County, State)

1. The child was conceived as a result of sexual intercourse between  
\_\_\_\_\_ and me during the time stated above.  
Alleged Father's Name (First, Middle, Last)

2. I  did  did not have 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.

**(if yes, complete the following)**

- a. The name(s) and addresses of the other man/men:
- b. The other man/men are biologically related to the man I am naming as the child's natural father.  Yes  No
- c. I do not believe the other man/men is/are the father because:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. I was  married  not married at the time of this child's birth.

**(if yes, complete the following)**

- a. Husband's name (First, middle, last) and last known address:
- b. 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 paternity, if any.

4. I am naming: \_\_\_\_\_ as the father of the child.

Alleged Father's Name (First, Middle, Last)

The following statements support my allegations of paternity:

- a. We lived together  Yes  No Dates \_\_\_\_\_ To \_\_\_\_\_  
 Location \_\_\_\_\_
- b. I told him that he was the father of the child.  Yes  No
- c. He is named as the father on the birth certificate.  Yes  No
- d. He admitted being the father of the child.  Yes  No
- e. He signed the Certificate of Paternity (COP).  Yes  No
- f. He was present at the birth of the child.  Yes  No
- g. He sent cards/letters regarding the pregnancy.  Yes  No
- h. He visited the child at the hospital following the birth.  Yes  No
- i. He offered to pay for an abortion/medical expenses.  Yes  No
- j. He paid for birth related expenses.  Yes  No
- k. He claimed the child as a dependent on tax returns.  Yes  No
- l. He provided food, clothing, gifts or financial support for the child.  Yes  No
- m. He lived with the child.  Yes  No
- n. He visited the child.  Yes  No

### Section III (To be Completed by Natural Father Only)

The following facts support my belief that I am the biological father of the named child:

- |    |                                                                           |                          |     |                          |    |
|----|---------------------------------------------------------------------------|--------------------------|-----|--------------------------|----|
| a. | The mother and I lived together.                                          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b. | The mother told me I am the father.                                       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c. | I am named as the father on the birth certificate.                        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d. | I signed a Certificate of Parentage (COP).                                | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| e. | I was present at the birth of the child.                                  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| f. | I visited the child at he hospital following the birth.                   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| g. | I offered to pay for an abortion/medical expenses.                        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| h. | I paid for birth related expenses.                                        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| i. | I claimed the child as a dependent on my tax return.                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| j. | I have provided food, clothing, gifts or financial support for the child. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| k. | I lived with the child.                                                   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| l. | I visited the child.                                                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| m. | The child resembles me.                                                   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

### Section IV (To be Completed by the Plaintiff/Caretaker Who is Not the Natural Parent of the Child)

- a. To my knowledge the biological mother of the child is  deceased (copy of death certificate attached)  is not deceased and lives at :  Whereabouts unknown  
 Street Address \_\_\_\_\_  
 City/State/Zip Code \_\_\_\_\_
- b. My relationship to this child is \_\_\_\_\_.
- c. To my knowledge \_\_\_\_\_ has been named the father of  
Alleged Father's Name (First, Middle, Last)  
 the child by the  natural mother  Relative  Child  Other \_\_\_\_\_
- d. To my knowledge \_\_\_\_\_ is the name of the father on the  
Alleged Father's Name (First, Middle, Last)  
 child's birth Certificate.  Yes  No (attach copy)
- e. To my knowledge \_\_\_\_\_ resides at:  
Alleged Father's Name (First, Middle, Last)  
 Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_
- f. To my knowledge the natural mother was married but divorced, and the child's birth occurred within a year of the end of the marriage.  Yes  No  Don't know  
 Name of ex spouse \_\_\_\_\_  
 Date of Marriage \_\_\_\_\_  
 Date/place/county/state of divorce \_\_\_\_\_

- g. To my knowledge the mother of the child was married to someone else (other than the named father of the child) when the child was conceived.  Yes (If yes, complete below)  No  Don't know  
 Name of spouse \_\_\_\_\_  
 Date of Marriage \_\_\_\_\_  
 Are they Divorced?  Yes  No  Don't know  
 Date/place/county/state of divorce \_\_\_\_\_
- h. To my knowledge a Certificate of Parentage (COP) was signed by the alleged father.  Yes (attach copy, if available)  No  Don't know
- i. To my knowledge \_\_\_\_\_ acted and presented  
 Alleged Father's Name (First, Middle, Last) \_\_\_\_\_  
 himself to be the child's father.  Yes  No  Don't know
- j. To my knowledge genetic tests were completed to determine the father of the child  Yes (If Yes, attach results if available)  No  Don't know
- k. State the reasons why you believe the named father is the natural father of the child  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I agree to submit myself (natural mother/father) and if I am the custodial parent/caretaker, the child, to genetic testing as may be necessary to establish paternity.

I certify that the foregoing statements made by me are true. I am aware that if any foregoing statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Plaintiff/Filer's Signature