



CLAIM OF PATERNITY AFFIDAVIT

I believe I am the father of the child identified below. Should the child's mother express her intention to voluntarily terminate her parental rights or consent to release the child for adoption, or if her parental rights are involuntarily terminated, I wish to be notified pursuant to RSA 170-B:6. I know that I am responsible for informing DCSS of any changes in my address. If I fail to do so, I may not receive the requested notification.

I give my permission to the Division of Child Support Services (DCSS) to provide a copy of this notice to any probate court, licensed adoption agency, or attorney, upon request. If I am proven to be the father of this child, I will support the child to the best of my ability.

Signature of Alleged Father

Date

Signature of Parent/Guardian (if alleged father is under age 18)

Witnessed by: _____
Signature of Notary Public

SEAL

City State Commission Expiration Date

CHILD'S MOTHER'S NAME: _____
First Middle Last

CHILD'S MOTHER'S MAIDEN NAME (if different than above): _____

CHILD'S MOTHER'S ADDRESS: _____
Street

City State Zip Code

YOUR NAME: _____
First Middle Last

YOUR SSN: _____ YOUR DATE OF BIRTH: _____
Month Day Year

YOUR ADDRESS: _____
Street

City State Zip Code

CHILD'S NAME (if known): _____
First Middle Last

CHILD'S DATE OF BIRTH (or estimated month and year of birth): _____
Month Day Year

CHILD'S PLACE OF BIRTH (if known): _____
City County State