

DECLARATION OF PATERNITY

SEND ORIGINAL (White Copy) TO: DCSS – Paternity Opportunity Program

CS 909 (12/08)

PO Box 419070

INSTRUCTIONS: PLEASE READ PAGE 1 AND 2 BEFORE COMPLETING

Rancho Cordova, CA 95741-9070

SECTION A ALL PARTS OF SECTIONS A & B SHALL BE COMPLETED AND EITHER SECTION C OR D WITNESSED CHANGES CANNOT BE MADE TO THIS FORM ONCE IT IS FILED WITH THE STATE

Child	NAME OF CHILD – FIRST	MIDDLE	LAST
	DATE OF BIRTH (Month, Day, Year)	SEX	
Place of Birth	HOSPITAL NAME		CITY
	COUNTY	STATE	
Father's Information	NAME OF FATHER – FIRST	MIDDLE	LAST
	DATE OF BIRTH (Month, Day, Year)	SOCIAL SECURITY NO. (See Privacy Notice on back of this page)	<input type="checkbox"/> BY CHECKING THIS BOX I CERTIFY I DO NOT HAVE A SOCIAL SECURITY NUMBER
	CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)		
Mother's Information	NAME OF MOTHER – FIRST	MIDDLE	LAST
	DATE OF BIRTH (Month, Day, Year)	SOCIAL SECURITY NO. (See Privacy Notice on back of this page)	<input type="checkbox"/> BY CHECKING THIS BOX I CERTIFY I DO NOT HAVE A SOCIAL SECURITY NUMBER
	CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)		

SECTION B READ OTHER SIDE BEFORE SIGNING

SAMPLE

I declare under the penalty of perjury under the laws of the State of California that I am the biological father of the child named on this declaration and that the information I have provided is true and correct. I have read and understand the rights and responsibilities described on the back of this form. I understand that by signing this form I am consenting to the establishment of paternity, thereby waiving those rights. I am assuming all of the rights and responsibilities as the biological father of this child. I wish to be named as the father on the child's birth certificate.

I have been orally informed of my rights and responsibilities.

I declare under the penalty of perjury under the laws of the State of California that I am the biological mother of the child named on this declaration and that the information I have provided is true and correct. I have read and understand the rights and responsibilities described on the back of this form. I understand that by signing this form I am establishing the man signing this form as the biological father of this child with all the rights and responsibilities of a biological father under the laws of California. I consent to the establishment of paternity by signing this form. I have been orally informed of my rights and responsibilities.

SIGNATURE OF FATHER	DATE SIGNED	SIGNATURE OF MOTHER	DATE SIGNED
---------------------	-------------	---------------------	-------------

SECTION C TO BE COMPLETED BY A WITNESS AT THE HOSPITAL, AGENCY OR CLINIC (PLEASE PRINT AND SIGN)

DECLARATION WITNESSED BY (SIGNATURE AND PRINTED NAME)	DATE SIGNED
NAME OF AGENCY (HOSPITAL, CLINIC OR OTHER)	
CURRENT ADDRESS (NUMBER, STREET, CITY, ZIP)	

SECTION D TO BE COMPLETED BY A NOTARY PUBLIC IF SECTION C IS NOT WITNESSED ABOVE

State of _____ County of _____

On _____ (date) before me, _____ (insert name and title of the officer)

Personally appeared _____

_____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. Signature _____ (SEAL)