

**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**

|                             |  |   |  |
|-----------------------------|--|---|--|
| <b>Child</b>                | NAME OF CHILD – FIRST                              | MIDDLE  | LAST   |
|                             | DATE OF BIRTH (Month, Day, Year)                   | SEX   |  |
| <b>Place of Birth</b>       | HOSPITAL NAME                                      |   | CITY   |
|                             | COUNTY   | STATE   |  |
| <b>Father's Information</b> | 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) |   |  |
| <b>Mother's Information</b> | 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)