

## **DECLARATION OF PATERNITY**

## HEALTH AND VITAL STATISTICS OFFICE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS





## NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS. TYPE OR PRINT CLEARLY IN BLACK INK ONLY

I,					currently residing in the
		RST, MIDDLE, LAST NAME,			
			<b>,</b> t	oeing first duly sw	vorn, and acknowledge that
	(Residence Ci	ty and State)			
1.	I am the natural mother	of			
		(Child's ful	l name: FIRS	T, MIDDLE, LAST NAM	E, SUFFIX)
	born on	at the	Pirth: Sainan	Tinian or Pota	Northern Mariana Islands
2.	is the natural father of the said child.  (Father's full name: FIRST, MIDDLE, LAST NAME, SUFFIX)				
3.	The natural father and I of the said child.	were not legally ma	rried betv	veen the time of o	onception and /or birth
4.	Pursuant to 1CMC § 260 Declaration of Paternity				
I	PLEASE STOP! YOU M	<u>IUST</u> SIGN THIS I	FORM IN	NFRONT OF A	NOTARY.
I declare	under penalty of perjury	that the foregoing is	true and	correct.	
Mother's signature			SS #		Date
		NOTARY ST.	ATEMEN	T	
Name of	Notary				
Location			NOTARY SEAL		
Date Con	nmission Expires				NOTAKI SEAL
Identification Presented by Parent:				•	[ ] Passport
ID Numbe	er:	Place of	f Issue:		
Issue Date (mm/dd/yyyy):			Expiration Date (mm/dd/yyyy):		
of a U.S. Er affiant men	nbassy or Consulate in a foreigr	n country where I am carr nally witnessed him/her	ying out my sign this doo	notarial duties. I con cument, and that I ha	or Territory, or a representative firm that I am not related to the we properly verified the affiant's
Signature of Notary Date of Not CHCC-HVSODPF 004 (rev04/16)			ırization (n	nm/dd/yyyy):	