

JOINT 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

1,				currently residing in the
-,	(Husband's full name: FIRST	T, MIDDLE, LAST NAME, SUFFIX)		currently restaining in the
			, being first duly s	sworn, and acknowledge that:
	(Residence City an	d State)		
1.	I am NOT the natural fathe	r of		
		(Child's full name: FIRST	Г, MIDDLE, LAST NAME,	, SUFFIX)
	born on at th	ne		Northern Mariana Islands.
2.	I am the legal spouse of	(Mathan's fall manner EIDCT MIDD	NE LACTNAME CHEEK	whom is the natura
	mother of the said child.	(Motner's Juli name: FIRS1, MIDD	LE, LAST NAME, SUFFIX	X)
3.	I DO NOT desire to have the live birth of the said child.	ne child take my surname r	or consent to its p	placement on the certificate of
	invo pintir or the sara cima.			
4.	My name SHOULD NOT l	pe placed on the certificate	of live birth as the	e natural father.
1	PLEASE STOP! YOU MUS	T SIGN THIS FORM IN	JERONT OF A N	OTARV
				Omm.
declare	e under penalty of perjury that	the foregoing is true and o	correct.	
Husband's signature		SS #		Date
		NOTARY STATEMEN	Γ	
Name of	Notary			
Location	<u> </u>			NOTARY SEAL
Date Cor	mmission Expires			
Identification Presented by Parent:			•	-
		[] Other (specify)		
D Numb	er:	Place of Issue:		
ssue Date (mm/dd/yyyy) :		Expiration Date (<i>mm/dd/yyyy</i>) :		
f a U.S. E ffiant mer	y signing this document, I certify that mbassy or Consulate in a foreign cou ntioned above, that I have personally viewing the identification document	ntry where I am carrying out my witnessed him/her sign this doc	notarial duties. I confi ument, and that I have	rm that I am not related to the
Signature of Notary		Date of Notarization (n	ım/dd/yyyy):	