



JOINT DECLARATION OF PATERNITY
HEALTH AND VITAL STATISTICS OFFICE
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS



MOTHER'S INFORMATION

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

I, _____ currently residing in the
(Mother's full name: FIRST, MIDDLE, LAST NAME, SUFFIX)
 _____, being first duly sworn, and acknowledge that:
(Residence City and State)

- I am the natural mother of _____
(Child's full name: FIRST, MIDDLE, LAST NAME, SUFFIX)
 born on _____ at the _____ Northern Mariana Islands.
(Date of Birth) (Place of Birth: Saipan, Tinian, or Rota)
- I am the legal spouse of _____ whom **IS NOT** the
(Husband's full name: FIRST, MIDDLE, LAST NAME, SUFFIX)
 natural father of the said child.
- My husband's name **SHOULD NOT** be placed on the certificate of live birth as the natural father of the said child.

PLEASE STOP! YOU MUST SIGN THIS FORM IN FRONT OF A NOTARY.

I declare under penalty of perjury that the foregoing is true and correct.

Mother's signature _____ SS # _____ Date _____

NOTARY STATEMENT

Name of Notary _____

Location _____ NOTARY SEAL

Date Commission Expires _____

Identification Presented by Parent: Driver's License Mayor's ID Passport
 Other (*specify*) _____

ID Number: _____ Place of Issue: _____

Issue Date (*mm/dd/yyyy*) : _____ Expiration Date (*mm/dd/yyyy*) : _____

OATH: By signing this document, I certify that I am a commissioned public notary in the U.S. State or Territory, or a representative of a U.S. Embassy or Consulate in a foreign country where I am carrying out my notarial duties. I confirm that I am not related to the affiant mentioned above, that I have personally witnessed him/her sign this document, and that I have properly verified the affiant's identity by viewing the identification document listed above and its matching photocopy.

Signature of Notary _____ Date of Notarization (*mm/dd/yyyy*): _____