

Date \_\_\_\_\_  
Registry No. \_\_\_\_\_

**AFFIDAVIT OF ADMISSION OF PATERNITY**

I, \_\_\_\_\_ of legal age, and presently residing at \_\_\_\_\_, after having been duly sworn to in accordance with law do hereby depose and say:

1. That I am the biological father of the child, \_\_\_\_\_, who was born on \_\_\_\_\_ at \_\_\_\_\_.
2. That at the time of birth of said child, I am not married to his/her mother, \_\_\_\_\_.
3. That I hereby acknowledge my paternity/filiation to the child, \_\_\_\_\_.
4. That I am executing this affidavit to attest the truth of the foregoing facts and for whatever legal purpose it may serve.

IN WITNESS WHEREOF, I have hereunto affixed my signature this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Print Name and Signature of the Father

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Signature over printed name of the Administering Officer