

NC Department of Health and Human Services  
Division of Social Services

**AFFIDAVIT OF PATERNITY**

CHILD'S INFORMATION	
Name of Child – <i>First, Middle, Last (As it appears on Birth Certificate)</i>	
Place of Birth ( <i>City, State</i> )	Date of Birth ( <i>MM, DD, YYYY</i> )
MOTHER'S INFORMATION	
Name of Mother – <i>First, Middle, Maiden, Last</i>	Date of Birth ( <i>MM, DD, YYYY</i> )
Mother's Address – ( <i>Street, City, State, Zip Code</i> )	
FATHER'S INFORMATION	
Name of Father – <i>First, Middle, Last</i>	Date of Birth ( <i>MM, DD, YYYY</i> )
Father's Address – ( <i>Street, City, State, Zip Code</i> )	
Father's Guardian (If under age 18)– <i>Please print First, Middle, Last Name</i>	
Guardian's Address – ( <i>Street, City, State, Zip Code</i> )	

I certify that I am the biological father of the child named above and that all statements made herein are true and correct to the best of my knowledge. I am signing this Affidavit of Paternity voluntarily and of my own free will. I further declare that my whole purpose for executing this instrument is to file the same in the Central Registry maintained by the Department of Health and Human Services

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature (If father Under Age of 18)

\_\_\_\_\_  
Date

I certify that I, the undersigned, am a Notary Public or one otherwise empowered to acknowledge signatures under Chapter 47 of the General Statute of North Carolina.

Witness my hand and seal this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at

**(SEAL)**

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_