

PATERNITY INTAKE

Mother

Name: _____

Address: _____

SS# _____

D.O.B. _____

Father

Name: _____

Address: _____

SS# _____

D.O.B. _____

Child

Name: _____

D.O.B. _____

SS# _____

Place of Birth: _____

Did father sign Paternity Affidavit at hospital? Yes No

Do you want child's name changed? Yes No