

PATERNITY - INTAKE INFORMATION

MOTHER

Name: _____

Address: _____

SS#: _____

D.O.B.: _____

FATHER

Name: _____

Address: _____

SS#: _____

D.O.B.: _____

CHILD

Name: _____

D.O.B.: _____

SS#: _____

Place of birth: _____

CHILD

Name: _____

D.O.B.: _____

SS#: _____

Place of birth: _____

Did father sign Paternity Affidavit at hospital? _____ Yes _____ No

Do you want child's name change? _____ Yes _____ No