

# **PATERNITY QUESTIONNAIRE**

**MUST HAVE A COPY OF BIRTH CERTIFICATE**

1. Name of child \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Place of Birth \_\_\_\_\_

Male/Female (circle one)

Present address of child \_\_\_\_\_

Child resides with \_\_\_\_\_

2. Mother's Name \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

\_\_\_\_\_

City

County

State

Zip Code

Telephone No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Employer \_\_\_\_\_

Name

Address

Work Telephone No. \_\_\_\_\_

3. Father's Name \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

\_\_\_\_\_

City

County

State

Zip Code

Telephone No. \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Employer \_\_\_\_\_

Name

Address

Work Telephone No. \_\_\_\_\_

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4. Father's on child's Birth Certificate? \_\_\_\_ Yes \_\_\_\_ No  
5. Blood tests done \_\_\_\_ Yes \_\_\_\_ No  
6. Acknowledge Paternity \_\_\_\_ Yes \_\_\_\_ No
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**FOR OFFICE USE**

PRAYER:

Custody \_\_\_\_\_  
Child Support \_\_\_\_\_  
Necessaries \_\_\_\_\_  
Visitation \_\_\_\_\_  
Health Insurance \_\_\_\_\_  
Income Tax Deduction \_\_\_\_\_  
Attorney's Fees \_\_\_\_\_  
Court costs \_\_\_\_\_  
Name on Birth Certificate \_\_\_\_\_  
Declare as Father \_\_\_\_\_  
Last Name Change \_\_\_\_\_

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