

## Affidavit in Support of Establishing Paternity Father

A Separate Affidavit is Required for Each Child Needing Paternity Established

### Section 1

I, \_\_\_\_\_, on oath, under penalty of perjury depose and allege  
Name (First, Middle, Last)  
upon information and belief that:

1. I am possibly the father of the child named below:

<b>Child's Full Legal Name</b> (First, Middle, Last)	<b>Child's Date of Birth</b> (Month, Day, Year)	<b>Place of Birth</b> (City, Parish, State)
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2. The child was possibly conceived as a result of sexual intercourse between  
\_\_\_\_\_ and me during the time stated below:  
Mother (First Middle, Last)

Relationship dates (Month, Day, Year)	
From: _____	To: _____

3. \_\_\_\_\_ is the father of this child.  
Father's Name

The following facts support my allegations of paternity:

- a. We lived together ☐ Yes ☐ No ☐ Don't know  
If yes, complete the dates and address

Dates	From: _____ / _____ / _____	To: _____ / _____ / _____
Address:	_____	
City:	_____	State _____

- b. The mother told me that I am the father of this child. ☐ Yes ☐ No ☐ Don't know
- c. I am named as the father on the birth certificate. ☐ Yes ☐ No ☐ Don't know  
☐ Copies attached
- d. I signed an acknowledgment of paternity before an acknowledgment became a legal finding of paternity. ☐ Yes ☐ No ☐ Don't know
- e. I admitted being the father of the child ☐ Yes ☐ No ☐ Don't know
- f. I sent cards/letters regarding the pregnancy and/or about the child. ☐ Yes ☐ No ☐ Don't know  
☐ Copies attached
- g. I was present at the birth of the child. ☐ Yes ☐ No ☐ Don't know
- h. I visited the child at the hospital following the birth. ☐ Yes ☐ No ☐ Don't know
- i. I offered to pay abortion expenses. ☐ Yes ☐ No ☐ Don't know
- j. I offered to pay medical expenses. ☐ Yes ☐ No ☐ Don't know
- k. I paid for birth related expenses. ☐ Yes ☐ No ☐ Don't know

- l. I claimed the child on tax returns. ☐ Yes ☐ No ☐ Don't know
- m. I have provided food, clothing, gifts or financial support for the child. ☐ Yes ☐ No ☐ Don't know
- n. I lived with the child. ☐ Yes ☐ No ☐ Don't know  
If yes, explain in Section 2
- o. I visited the child. ☐ Yes ☐ No ☐ Don't know  
If yes, explain in Section 2
- p. The child resembles me. ☐ Yes ☐ No ☐ Don't know  
☐ Photo(s) attached  
If yes, explain in Section 2
- q. There are other witnesses to my relationship with the mother. ☐ Yes ☐ No ☐ Don't know  
If Yes, list names and addresses and briefly describe relevant facts known about each.

Name F: _____ M: _____ L: _____ Suf: _____
Address: _____
City: _____ ST: _____ Zip: _____ Phone: (____) _____
Comments: _____

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Name F: _____ M: _____ L: _____ Suf: _____
Address: _____
City: _____ ST: _____ Zip: _____ Phone: (____) _____
Comments: _____

**Section 2     ADDITIONAL COMMENTS**

I swear that I have read this questionnaire or that it has been read to me, and certify that my answer to each question is true and correct. I understand that if I have given false information or answer to any material question herein, I may be subject to criminal prosecution for knowingly giving false information or answer. I further understand the information I have provided may affect the priority assigned to my case and any change in priority will only result from additional information received by the Child Support/District Attorney's Office. I agree to submit myself to genetic testing as may be necessary to establish paternity.

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Father - Print First, Middle, Last Name

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Signature

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Date

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Legal Guardian (If Father is a minor)

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Signature

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Date

Sworn to and signed before me this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_  
at \_\_\_\_\_ , Louisiana.

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Typed or Printed Name and Title/Notary ID. No.

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Signature