



Child Support Services
PO Box A
Greeley, CO 80632
970-400-6499
ChildSupport@weld.gov

Paternity Affidavit

Do not leave any questions unanswered. If you do not know the answers, please indicate that.

Household #

Date:

Mother's Information

First Name

Middle

Last

Maiden

Address:

City:

State:

Zip:

Phone:

Date of Birth:

Child's Information

Name:

Date of Birth:

City and State of Birth:

Child's Father's Information

First

Middle

Last

Suffix:

Sr.

Jr.

II

III

Nickname(s):

Social Security Number:

Date of Birth:

Age:

In what city and State was the father born?

Current Home Address:

City:

State:

Zip:

Last Known Address:

City:

State:

Zip:

Date:

Father's Occupation or Trade:

Monthly Income:

Father's Current Employer:

Dates of Employment:

Employer Address:

City:

State:

Zip:

Prior Employer:

Dates of Employment:

Related Information

Did you and the father ever live together? Yes No

Address: _____ Dates (from and to): _____

City: _____ State: _____ Zip: _____

In what State was he living at the time of conception?

In what State were you living at the time of conception?

After you became pregnant, or after you had the child, did the father give you any of the following:

Money: Yes No If yes, how much and how often?

Clothing: Yes No

Food: Yes No

Pay any medical bills? Yes No

Pay any other bills? Yes No

Provide transportation? Yes No

Provide day care? Yes No

Other:

When the child was born, was the father present? Yes No

Did he continue to visit you or the child? Yes No

Did the father hold the baby or say or do anything to show that he felt the child was his? Yes No

Where?

When?

Did the father ever admit to you that he is the father? Yes No

Name of person listed as father on child's birth certificate, if any?

Is he the biological father? Yes No

Will the father voluntarily admit to the Child Support Enforcement Unit that he is the father? Yes No

If no, why?

Will the father come to this office voluntarily to discuss the matter? Yes No

Does the child call another individual father? Yes No

Name: _____ since when (date): _____

Other possible fathers:

Did you have sexual intercourse within 45 days before or after this child was conceived? Yes No

If yes, complete the following:

Name of possible father:

Were you married at the time of conception? Yes No

Name of spouse:

Are you willing to take a genetic test to determine paternity? Yes No

Additional comments

Signatures

I, the undersigned, being first duly sworn upon oath, depose and stat that the information contained in this affidavit is true and correct to best of my knowledge and belief.

Mother's Printed Name

Date

Mother's Full Legal Signature

Date

Notary

Sworn to before me in the County of _____, State of _____,
this _____ day of _____, _____.

My Commission expires:

Notary Public

[SEAL]