

For Official Use Only:
Father on Birth Certificate?

Yes / No

STATE OF NEW JERSEY
CERTIFICATE OF PARENTAGE

THIS IS A LEGAL DOCUMENT. PLEASE PRINT OR TYPE IN BLACK OR BLUE INK

Name of child as it appears on the birth certificate:

First Middle Last Sex (M/F)
who was born in Birthing Facility City/Town on (Date of Birth) Month - spelled out Day Year

MOTHER

Name First Middle Last Maiden
Residence No. & Street Name City State Zip Home Phone #
Place of Birth City or Town State Country Date of Birth Month Day Year
Social Security # - - - - - Medical Insurance (Co. & Policy #):
Employer Name Address Occupation

Is/Was Mother Married at Time of Birth? (Circle One) Yes / No Was Mother Married at Time of Conception? (Circle One) Yes / No

Informant

I understand and consent to the acknowledgment of paternity and that the man named above is the only possible father of the child named above. I have read and have had read to me my legal rights and obligations resulting from acknowledging paternity, and I understand the information on both sides of this form. I certify the above information is true.

Signature of Mother Date signed: Month Day Year Signed within 60 days? Yes / No (Circle one)

State of New Jersey, County of The above-named

signed and affirmed before me this the day of , 19

Notary Public/Witness: My Commission Expires:

FATHER

Name First Middle Last Home Phone #
Residence No. & Street Name City State Zip Social Security # - - - - -
Place of Birth City or Town State Country Date of Birth Month Day Year
Medical Insurance (Co. and Policy #) Occupation
Employer Name Address Informant

I certify and acknowledge that I am the natural father of the child named above. I have read and have had read to me my legal rights and obligations resulting from acknowledging paternity, and I understand the information on both sides of this form. By signing this form I am consenting to have my information added to the child's birth certificate. I certify the above information is true.

Signature of Father Date Signed: Month Day Year Signed in hospital? Yes / No (Circle One)

State of New Jersey, County of The above named

signed and affirmed before me this the day of , 20

Notary Public/Witness: My Commission Expires:

This Certificate of Parentage must be filed with the State or county child support office of the local registrar's office in the community where the child was born. If you have questions about filing this Certificate call 1-800-POP-6607.