STAT	E OF NEW JERSEY)	
COUN	VTY OF {County}) SS.) AFFIDAVIT DENYING PATERNITY	
	e of individual denying paternity}, or and says:	of full age, being duly sworn according to law, upon his oath	
1.	I have been named the father of {N Mother}.	een named the father of {Name of child} born on {Date of birth} by {Name of .	
2.	I deny that I am the father of {Name of child} born on {Date of birth}.		
3.	{NOTE: Set forth facts detailing the basis for the denial of paternity.}		
4.	In denying paternity, I understand that I am waiving all rights to a court hearing and any further involvement in this matter.		
5.	I understand that Child Protection and Permanency is planning to place {Name of child} born on {Date of birth} for adoption and I have no objections to this plan.		
6. The foregoing statement is made by me in truth a		by me in truth and in good faith.	
		{Name of individual denying paternity}	
		{Signature of individual denying paternity}	
Sworn	and subscribed to before		
me this	s day of		
	, 20		
Notary	Public of New Jersey		