

(TYPE OR PRINT IN BLACK INK)
STATE OF NORTH CAROLINA

_____ County

File No.

In The General Court Of Justice
District Court Division

Name Of Plaintiff (Or Mother)			AFFIDAVIT OF PARENTAGE
VERSUS			
Name Of Defendant (Or Father)			
Name And Address Of Father			G.S. 110-132
Name And Address Of Mother			
Father's DOB	Race	Father's Social Security No.	Maiden Name Of Mother
Birthplace Of Father (County And State)			Mother's Social Security No.

Name Of Child(ren)	Date Of Birth	Child(ren) Social Security No.	Birthplace (County And State)

NOTICE

Signing this document may impose substantial legal obligations upon you. If you do not fully understand these obligations, you may consult a lawyer, at your own expense, before signing. Providing false or inaccurate information on this document may result in criminal penalties against you.

Unless rescinded, this document constitutes an admission of paternity and has the same legal effect as a judgment of paternity for the purpose of establishing your legal duty to support the above-named children.

This document may be rescinded by the child(ren)'s mother or the putative father (a) within sixty (60) days of the date this document is executed, or (b) before entry of an order establishing paternity or an order for the payment of child support, whichever is earlier. To rescind this document, you must file a request for rescission with the Clerk of Superior Court and request a hearing before the district court within the time period indicated above. After sixty (60) days have elapsed, execution of this document may be challenged in court only upon the basis of fraud, duress, mistake, or excusable neglect.

FATHER'S ACKNOWLEDGMENT

I, the undersigned, being duly sworn, freely and voluntarily declare and acknowledge that I am the natural father of the child(ren) named herein, and that the information regarding myself, the natural mother, and the minor child(ren) is true and correct to the best of my knowledge, information and belief.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		Date
Date	Signature Of Person Authorized To Administer Oaths	Signature Of Natural Father
<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court
SEAL <input type="checkbox"/> Notary	Date My Commission Expires	

(Over)

MOTHER'S AFFIRMATION

I, the undersigned, being duly sworn, declare and affirm that:

1. I am the mother of the above-named child(ren);
2. the above-named father is the father of the above-named child(ren); and
3. the above information regarding myself, the father, and the minor child(ren) is true and correct to the best of my knowledge, information, and belief.

I also declare and affirm that I was not married was married when the above-named child(ren) was/were born.

NOTE: *If you were married to someone other than the above-named father at the time you became pregnant or when the child(ren) was born, you must provide additional evidence (e.g., a court order) that your husband is not the child(ren)'s father.*

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date

Date

Signature Of Person Authorized To Administer Oaths

Signature Of Mother

- Deputy CSC Assistant CSC Clerk Of Superior Court

SEAL Notary

Date My Commission Expires