## **AFFIDAVIT OF ADMISSION OF PATERNITY**

} } S.S.

	l,	, a citizen of, (Country)
oflea	(Complete Name of Father) al age, and presently residing at	
oricga		, after having
	(Complete Address)	, a
been	duly sworn to in accordance with the law, do	o hereby depose and state that:
1.	That I am the biological father of	
	<b>.</b>	(Complete Name of the Child)
	who was born on(Date of Birth of the Child)	_ at;
	(Date of Birth of the Child)	(City, State and Country of Birth of the Child)
2.	That at the time of birth of said child	d, I am not married to his/her mother,
	(Mother's Maiden Name)	;
3.	That I hereby acknowledge my	y paternity/filiation to the child, ;
	(Complete Name of the Child)	, /)
	whatever legal purpose it may serve. IN WITNESS WHEREOF, I have hereunto, in the year of in	affixed my signature this day of
		(City, State and Country)
		Printed Name and Signature of Father
in the	SUBSCRIBED AND SWORN to before me year of at	e this day of
	(C	City, State and Country)
affiant	t having exhibited to me his on	Passport No
issued	d in on	and valid until
Doc.N	0. :	

 Page No.
 \_\_\_\_\_\_

 Book No.
 \_\_\_\_\_\_

 Series of
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