

**SWORN STATEMENT REGARDING IDENTITY
OR LOCATION OF PARENT**

1. My name _____ .
2. My address is _____ .
3. I am related to _____ because I am his/her _____ .
(child's name)(type of relative)
4. The mother of the child was married to _____ at the
(man's name)
probable time of conception of this child. ____ Yes ____ No ____ Don't Know.
5. The mother of this child was married to _____ at the time of
(man's name)
this child's birth.
____ Yes ____ No ____ Don't Know.
6. The mother of this child was living with/cohabitating with _____
(man's name)
at the probable time of conception of this child.
____ Yes ____ No ____ Don't Know.
7. The mother of this child has received payments or promises of child support with
respect to this child or because of her pregnancy from _____
(man's name)
____ Yes ____ No ____ Don't Know.
8. The mother named _____ as the father of this child on
(man's name)
the child's birth certificate.
____ Yes ____ No ____ Don't Know.
9. The mother named _____ as the father of this child in
connection with applying for public assistance.
____ Yes ____ No ____ Don't Know.

10. _____ has been named in a paternity case or acknowledged
(man's name)
paternity of this child in a jurisdiction where the mother lived at the time of or since
the conception of this child or where this child resides or has resided.
_____ Yes _____ No _____ Don't Know.

11. List the name, date of birth, social security number, and last-known address of any
man listed in this sworn statement:

Name _____

Date of Birth: _____ Social Security Number: _____

Last Known Mailing Address: _____

Last Known Physical Address: _____

12. Do you know any other information about the identity or location of any man listed in
this sworn statement? _____ Yes _____ No.

If Yes, please provide that information:

I UNDERSTAND THAT THIS DOCUMENT WILL BE FILED WITH THE COURT.
UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ IT AND THAT THE
FACTS STATED ARE TRUE.

DATE: _____

SIGNATURE: _____

Witnessed by _____ who is an authorized agent of
the Department of Children and Families and who attests that the person who signed
this statement provided proof of identity as indicated:

_____ Driver's License, number _____
_____ Passport, number and country: _____
_____ Resident Alien (Green Card), number: _____
_____ Armed Forces Identification, number: _____
_____ Other _____

STATE OF FLORIDA,

COUNTY OF _____:

THE FOREGOING instrument was acknowledged before me this _____ day of _____, 2007 by _____, who is personally known to me or who produced _____ as identification and who did (did not) take an oath.

NOTARY PUBLIC

Print Name _____

Commission No. _____

My Commission Expires: _____

