

**LOUISIANA VITAL RECORDS REGISTRY
ACKNOWLEDGMENT OF PATERNITY
PUTATIVE FATHER REGISTRY**

STATE OF _____

PARISH (COUNTY) OF _____

BEFORE ME, the undersigned Notary Public, personally came and appeared _____
(Name of Father)

of _____, _____, _____, _____
(Address of Father) (City) (State) (Zip Code)

who being duly sworn, did depose and say that he was born in

_____, _____, his birth date is _____,
(City) (State)

his race is _____ and he is the biological father of the

child _____
(Full Birth Name of Child)

born on _____ to _____
(Birth Date of Child) (Mother's Maiden Name)

in _____, _____, _____.
(Child's City of Birth) (Parish) (State)

(Father's Signature) (Father's Social Security Number)

WITNESSES:

(Signature) (Type or Print Name)

(Address)

(Signature) (Type or Print Name)

(Address)

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, _____.

(Print Name and Commission Number of Notary Public) (Signature and Seal of Notary Public)

My Commission Expires on: _____