

Georgia Department of Human Services
_____ County Division of Family and Children Services

AFFIDAVIT OF PATERNITY

SECTION I – IDENTIFICATION (To be completed by County Department)		
Client's Name: _____	Case Number: _____	Case Manager's Name & load # _____

SECTION II – AFFIDAVIT (To be completed by the father of children)

I, willingly and voluntarily do admit to the paternity of the following child (ren):

<i>Child's Name</i>	<i>Birth date</i>	<i>Mother's Name</i>
<i>Child's Name</i>	<i>Birth date</i>	<i>Mother's Name</i>
<i>Child's Name</i>	<i>Birth date</i>	<i>Mother's Name</i>

I am giving this affidavit for the use of the Department of Human Services in determining the eligibility of for TANF and Medicaid.
(name of mother)

I submit that this information is complete and correct and I acknowledge that I may be requested to make the same statement

Signature of father

(Address)

SECTION III – AFFIRMATION (To be completed by the Notary or Other Official)

State of County of

who personally appeared before me, deposes and says that
Name of Father

the above statements are true and were made voluntarily by him.

Sworn and Subscribed to before me this day of 20 .

Notary or other Officials

Address

SECTION IV – For County’s Use Only (To be completed by the TANF/Medicaid case Manager only)

Date received by the county DFCS:

Action Taken:

Forwarded to DCSS on :
Date
Filed in the case record :

Case Manager’s name, signatures and case load # : Date: