

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**INSTRUMENT TO ACKNOWLEDGE PATERNITY OF A CHILD BORN
OUT OF WEDLOCK**

(pursuant to Section 4-1.2 of New York Estates, Powers and Trust Law)

INSTRUCTIONS

I, _____, residing at _____

NAME OF FATHER

ADDRESS

_____ hereby acknowledge that I am

TOWN

STATE

ZIP CODE

the father of _____ born _____ in

NAME OF CHILD

DATE OF BIRTH

_____. The birth mother of the child

TOWN

STATE

ZIP CODE

_____, i _____ who resides

CHILD'S NAME

BIRTH MOTHER

at _____

ADDRESS

TOWN

STATE

ZIP CODE

FATHER (SIGNATURE)

STATE OF NEW YORK

COUNTY OF _____

On the _____ of the _____ before me came _____

DAY

MONTH

YEAR

FATHER

to me known to be the individual described herein and who executed the foregoing instrument and acknowledges to me that he executed same.

NOTARY PUBLIC

STATE OF NEW YORK

COUNTY OF _____

This instrument must be filed with the New York State Office of Children and Family Services, Capital View Office Park, 52 Washington Street, Rensselaer, Room 332 North, New York 12144, within 60 days after it is completed. The birth mother indicated on this instrument will be sent notification of this acknowledgement within seven days after its filing.