

BUREAU OF VITAL STATISTICS-CITY OF ONEIDA

APPLICATION FOR ACKNOWLEDGEMENT OF PATERNITY

There is no charge for this request

NAME OF CHILD AT BIRTH

CHILD'S DATE OF BIRTH

LAST

FIRST

MONTH

DAY

YEAR

NAME OF FATHER

NAME OF MOTHER

LAST

FIRST

LAST

FIRST

Number of Copies Requested: (Photo ID Required) _____

PURPOSE FOR REQUEST: _____

If Attorney, name and relationship of your client to Applicant:

RELATIONSHIP TO APPLICANT: _____

SIGNATURE: _____

DATE : _____
