

STATEMENTS TO SUPPORT A DECLARATION OF BIOLOGICAL PARENTAGE

I am the mother of the child named below:

Child's Full Name (Last, First, Middle)	Date of Birth (day, month, year)	Place of Birth (City, Prov/Terr, Country)

1. I claim that the respondent is the father of the child, because:

<i>I had sexual intercourse with the respondent:</i> (City, Prov/Terr, Country) (day, month, year OR from [date] to [date])	Full Term Pregnancy? <input type="checkbox"/> Yes, or <input type="checkbox"/> No (explain)
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2. Other facts about my claim that the respondent is the father of the child (*check all that apply*):

a	We lived together	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates	to
b	I told social assistance officials that he is the father	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
c	I told him that he was the father of the child	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
d	He is named as the father on the birth registration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> certified copy attached	
e	He admitted being the father of the child	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
f	He signed an acknowledgement of paternity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> certified copy attached	
g	He sent cards/letters/e-mails regarding the pregnancy and/or birth of the child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> copies attached	
h	He was present when the child was born	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
i	He visited the child at the hospital following birth	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
j	He offered to pay for an abortion/medical expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
k	He paid for birth-related expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
l	He claimed the child on tax returns	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	
m	He has provided food, clothes, gifts, or financial support for the child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain in #3	
n	He lived with the child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain in #3	
o	He visited the child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain in #3	
p	The child looks like him <input type="checkbox"/> Photos attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain in #3	
q	There are witnesses to my relationship with him. (If Yes, list names, addresses, and facts known by each person in #3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain in #3	

3. Other information in support of a declaration of parentage. Explanations for the 'yes' answers in question #2 are given below. Continued on attached sheets(s)

4. I agree to cooperate with a request for genetic testing of myself to confirm parentage. I agree to make the child, if in my custody, available for genetic testing. No Yes

5. I had sexual intercourse with a man other than the respondent during the time 30 days before to 30 days after the date the child was conceived No Yes (if yes, complete the following)

a. The name(s) of the other man/men:

b. The other man/men is/are blood relatives of the respondent (e.g. brother, cousin, uncle, etc.)

No Yes (if yes, list relationship) _____

c. I do not believe the other man / men could be the father because: _____

6. I was married to a man other than the respondent at the time of the child's birth. No Yes (if yes, complete the following)

a. Husband's name (first, middle, last) and last known address:

b. I do not believe that the man I was married to is the father of the child because: (list reasons, and attach all supporting documents, including divorce judgment, blood test results, finding of non-paternity, if any)

This document is attached to, and forms part of the evidence in, my support application/support variation application:

Claimant's/Applicant's signature