

AFFIDAVIT OF NONPATERNITY

OFFICE OF VITAL RECORDS

PO BOX 4210

HELENA MT 59604

406-444-2685

I, _____, being duly sworn, deposes and says that: I was married
Husband's Name

To _____ on _____ in _____,
Wife's Name Date of Marriage City

_____. My wife gave birth to a _____ child in _____,
State Sex City

On _____. The name of the child is
County Date of Birth

_____. I now state that although legally married at the
Child's Name
time of this birth or within 300 days after the marriage is terminated, I am not the
father of the named child. I request that my name not be listed on the birth
certificate.

Husband's Signature

Street Address

Verification of Signer's ID is Mandatory

City, State and Zip Code

State of: _____

County of: _____

This record was signed and sworn to (or affirmed) before me on _____ by
(Date)

(Name of Applicant)

(Notary's Signature)

[Official Stamp]

I, _____, am the mother of _____ and
Mother's Name Child's Name

I state that I was legally married at the time of the birth. My husband as listed is
not the father of the above named child and I request that his name not be listed
on the birth certificate.

Wife's Signature (Mother)

Street Address

Verification of Signer's ID Is Mandatory

City, State and Zip Code

State of: _____

County of: _____

This record was signed and sworn to (or affirmed) before me on _____ by
(Date)

(Name of Applicant)

(Notary's Signature)

[Official Stamp]