

State of Rhode Island and Providence Plantations, Department of Health
DIVISION OF VITAL RECORDS, 6 Harrington Rd, Cranston, RI 02920

AFFIDAVIT OF PATERNITY FOR LEGITIMATION

We understand that Rhode Island law provides a penalty of \$1000 or a year imprisonment, or both, for furnishing false information to go on a vital record. Being aware of this penalty, we hereby declare the following to be true and correct:

State File No.

We, _____ and _____
Name of Father Current Name of Mother

Father's Social Security No. _____ Mother's Social Security No. _____

of _____ hereby acknowledge that we are the natural
Present Address

parents of _____ born on _____
Name of Child as on Original Record

at _____ to _____
Hospital or Institution Maiden Name of Mother

and that we were duly married in _____ on _____
Place of Marriage Date

We further state that we have recognized said child as our own and desire that the child henceforth be known as:

(First) (Middle) (Last)

Full name of child
by legitimation:

We authorize notification to the appropriate Social Welfare agency. We also submit the following information concerning the father to the Division of Vital Records to assist in the completion of the new Birth Certificate:

Date of Birth _____ Birthplace _____ Race _____
State or Foreign Country

We, the undersigned, do hereby declare that the foregoing statements are true. Picture I.D. # and Type of I.D. shown by:

Signatures: Father _____ Father _____
Mother _____ Mother _____

Subscribed and sworn before me in _____ on this date _____
State and County Mo/Day/Year

Date Notary Commission Expires

Signature of Notary Public

A long-form certified copy of the marriage record should be attached. If married outside RI and if state of marriage cannot provide "Number of Marriage" for bride, also attach affidavit form VS 138B.