

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____
Case Name: _____
Case Number: _____
(if known)

AFFIDAVIT OF BIRTH MOTHER (RSA 170-B)

I, _____, of _____,
under oath, do state the following: (Please check all appropriate boxes.)

- ☐ 1. I am the mother of _____, born on _____,
in (city, state) _____
- ☐ 2. The name of the child's father is _____;
his mailing address is _____
- ☐ 3. I do not wish to identify the name of the child's father.
- ☐ 4. Birth mother's current marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed
If married, divorced or widowed, name of spouse _____
If applicable, date of marriage _____ date of divorce _____
- ☐ 5. I am not, and have not, lived with any man who is providing or has provided support to me or my child, and who is holding himself out to be the child's father.
- ☐ 6. I am living with, or have lived with, _____, who is providing or has provided support to me or my child, and who is holding himself out to be the child's father.
His mailing address is: _____
- ☐ 7. To the best of my knowledge, no person holds himself out to be the father of my child named above, or has filed a claim with the Bureau of Child Support Services, Division of Health and Human Services.
- ☐ 8. In order for the Division of Health and Human Services to complete a search of its putative father's registry, I verify that the only names I have ever used since my birth are as follows:
(Please print the full name used.)

Date Birth Mother's signature

State of _____, County of _____

This instrument was acknowledged before me on _____ by _____

My Commission Expires _____
Affix Seal, if any

Signature of Notarial Officer / Title