

FC, article 3, 43

Form M-984d  
Rev.

Human Resources Administration  
Department of Income Maintenance

IM CENTER \_\_\_\_\_ NO. \_\_\_\_\_ DATE \_\_\_\_\_

BASIC CASE NAME	CAT./CASE NUMBER/SUFF.
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AFFIDAVIT ALLEGING PATERNITY  
(AFTER BIRTH OF CHILD)

State of New York }  
County of } ss.:

\_\_\_\_\_, being duly sworn, says:  
Name of Mother

I reside at \_\_\_\_\_ in the  
County of \_\_\_\_\_, City of New York.

On or about \_\_\_\_\_, 19\_\_\_\_, I gave birth out of wedlock to \_\_\_\_\_  
\_\_\_\_\_, (male) (female) child at \_\_\_\_\_  
\_\_\_\_\_(Hospital) in the City of \_\_\_\_\_,  
State of \_\_\_\_\_.

I request that the Commissioner of Social Services of the City of New York  
institute paternity and support proceedings against \_\_\_\_\_,  
residing at \_\_\_\_\_,  
City of \_\_\_\_\_, State of \_\_\_\_\_,  
who is the father of said child.

I had relations with the above-named father at or about the period of  
conception preceding the birth of said child, and I did not have relations with  
any other male person during such period of conception.

Said child is (or is likely to become) a recipient of public assistance.

Sworn to before me

\_\_\_\_\_  
Signature of Mother

this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.