

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**INSTRUMENT TO ACKNOWLEDGE PATERNITY OF  
AN OUT OF WEDLOCK CHILD**

*(pursuant to Section 4-1.2 of New York Estates, Powers and Trust Law)*

I, \_\_\_\_\_, residing at \_\_\_\_\_  
NAME OF FATHER ADDRESS

\_\_\_\_\_ hereby acknowledge that I am  
TOWN STATE ZIP CODE

the natural father of \_\_\_\_\_ born on \_\_\_\_\_ in  
NAME OF CHILD DATE OF BIRTH

\_\_\_\_\_. The natural mother of the child  
TOWN STATE ZIP CODE

is \_\_\_\_\_ who resides  
CHILD'S NAME NAME OF NATURAL MOTHER

at \_\_\_\_\_  
ADDRESS TOWN STATE ZIP CODE

\_\_\_\_\_  
NATURAL FATHER (SIGNATURE)

**STATE OF NEW YORK**  
**COUNTY OF** \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ before me came \_\_\_\_\_  
DAY MONTH YEAR NATURAL FATHER

to me known to be the individual described herein and who executed the foregoing instrument, and acknowledges to me that he executed same.

\_\_\_\_\_  
NOTARY PUBLIC

**STATE OF NEW YORK**  
**COUNTY OF** \_\_\_\_\_

This instrument must be filed with the New York State Office of Children and Family Services, Capital View Office Park, 52 Washington Street, Rensselaer, Room 323 North, New York 12144, within sixty days after it is completed. The natural mother indicated on this instrument will be sent notification of this acknowledgement within seven days after its filing.

This form is available on line at <http://www.ocfs.state.ny.us/main/Forms> Print the form and fill it out by hand and send it to the address above.