

STATE OF NORTH CAROLINA		File No.
_____ County		In the General Court of Justice <input type="checkbox"/> Before the Clerk <input type="checkbox"/> District Court Division
TO: N.C. Vital Records 1903 Mail Service Center Raleigh, NC 27699-1903		Certificate of Paternity G.S. 130A-119
In compliance with the provisions of G.S. 130A-119 this is to certify that the paternity of an illegitimate child has been established pursuant to the G.S. Chapter below.		
Name of Petitioner Mother		Name of Respondent Father
Full Name of Child at Birth	Birth Date of Child	Birthplace of Child (County and State)
Full Name of Father	Birth Date of Father	Race of Father
Birthplace of Father (County and State)	Social Security Number of Father*	
Maiden Name of Mother	Social Security Number of Mother*	
*Social Security numbers required per 42 U.S.C. Chapter 7, Sub Chapter IV, Part D, Sec 666, a (13.b).		
<i>General Statute Reference By Which Paternity Has Been Established</i>		
<input type="checkbox"/> G.S. 110-132 (<i>Acknowledgement of Paternity</i>) <input type="checkbox"/> G.S. 49-14 (<i>Civil Action</i>) <input type="checkbox"/> G.S. 49-2 (<i>Criminal Action</i>)		
The respondent was before the Court on the date below and was adjudged to be the father of the child in question.		
Date Respondent Adjudged to be Father		
NOTE TO CLERK: A certified copy of the judgment is required to report legitimations under G.S. 49-10.	Date	
	Signature	
	<input type="checkbox"/> Clerk of Superior Court <input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC	

After printing form on yellow paper,
please cut on dashed lines to create a form with the dimensions of 7 inches by 7 inches.