



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC WELFARE
BUREAU OF ECONOMIC SECURITY**
123 Chalan Kareta, Mangilao, Guam 96913-6304
Phone: 735-7245 / 735-7274 Fax: 735-7092



DECLARATION OF PATERNITY

To be completed by the father of the child.

I, _____, a _____ citizen and resident of the
(Father's full legal name)
Territory of Guam, being first duly sworn, depose and say:

- That I am the natural father of _____
born on _____, 20 _____ at _____.
(Date of Birth) *(Name of Child)* *(Place of Birth)*
- That _____ is the natural mother of the above said child.
(Mother's full legal name)
- That I do/do not desire to have the child take my last name and do/do not consent to its placement on the certificate of birth.
- That my name placed on the certificate of birth as the natural father also my date of birth _____; place of birth; _____; race; _____; and my highest education completed _____
- That I acknowledge the complete name of child should be:

I declare under penalty of perjury the information provided is true and correct.

Father's Signature
SS No.: _____

Witness
Date: _____

To be completed by the mother of the child.

CONSENT

I, _____ being first duly sworn, depose and say:
(Mother's full legal name)

- That I am the natural mother of the above said child.
- That I do/do not approve of, desire and consent to my child carrying the last name of the father and do/do not request it be made on the certificate of birth accordingly.
- I acknowledge that _____ is the
(Father's full legal name)
natural father of the said child and agree said child's complete name should be:

I declare under penalty of perjury the information provided is true and correct.

Mother's Signature
SS No.: _____

Witness
Date: _____

To be completed upon request by the Temporary Assistance for Needy Families (TANF) applicant/recipient requesting waiver of fee.

I, _____, an applicant/recipient of the TANF program hereby request approval to waive the fee for issuance of amended birth certificate due to no source of income.

Signature of Applicant / Recipient

Date

(FOR OFFICIAL USE ONLY)

Case No.	Case Name
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Name to be included on the Birth Certificate

**To: Territorial Registrar
Vital Statistics Office
Public Health and Social Services**

I certify that _____ meets the criteria to waive the fee to amend his/her child's birth certificate.
(Name of Applicant / Recipient)

Eligibility Specialist(ES) Signature

Date

APPROVED BY:

BES Administrator

Date

In cases where the TANF applicant/recipient does not have money to pay for the amendment of the birth certificate, the ES will assist the individual to secure the signature of the Bureau of Economic Security's Administrator which certifies the client's eligibility to waive the fee for the declaration of paternity. In the absence of the Bureau of Administrator, the Certification Section Supervisor is authorized to sign this waiver request.