Che	eck Appropriate Box:	
	Notice is hereby given that I intend to claim paternity of this child. I will notify the Office of New Mexico Vital Records and Health Statistics of any changes in my address or telephone number.	
	Attached is a certified Court Order in the State or Commonwealth of:	
	on the order has been adjudicated to be the biological father of the above name child.	
	Attached is a copy of the Acknowledgement of Paternity form, which has been executed by the child's mother and me.	
	STATEMENT OF BIOLOG To be signed in the presence	
of the	nderstand that my name and the information which he child, to her attorney, to proposed adoptive parent and any agency concerned with this child. I also information up-to-date with the Office of New Mexic	ents of the child through their attorney, to any understand that it is my responsibility to keep
		Month/Day/Year
	Signature of Father	Date
тои	TARY PUBLIC:	
	State of }	
	County of } ss.	
		Month/Day/Year
	Signature of Notary Public	Subscribed and sworn before me on
	(SEAL)	Month/Day/Year
	(OLAL)	

Mail Completed Form to:
New Mexico Vital Records and Health Statistics
P.O. Box 26110, 1105 St. Francis Drive
Santa Fe, NM 87502-6110