

Form D

STATEMENTS TO SUPPORT A DECLARATION OF BIOLOGICAL PARENTAGE

I am the mother of the child named below:

Child's Full Name (Last, First, Middle)	Date of Birth (day, month, year)	Place of Birth (City, Prov/Terr, Country)
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1. I claim that the respondent is the father of the child, because:

I had sexual intercourse with the respondent: (City, Prov/Terr, Country) (day, month, year OR from [date] to [date])	Full Term Pregnancy? <input type="checkbox"/> Yes, or <input type="checkbox"/> No (explain)
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2. Other facts about my claim that the respondent is the father of the child (*check all that apply*):

a	We lived together	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates	to
b	I told social assistance officials that he is the father	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
c	I told him that he was the father of the child	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
d	He is named as the father on the birth registration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> certified copy attached	
e	He admitted being the father of the child	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
f	He signed an acknowledgement of paternity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> certified copy attached	
g	He sent cards/letters/e-mails regarding the pregnancy and/or birth of the child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> copies attached	
h	He was present when the child was born	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
i	He visited the child at the hospital following birth	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
j	He offered to pay for an abortion/medical expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
k	He paid for birth-related expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
l	He claimed the child on tax returns	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	
m	He has provided food, clothes, gifts, or financial support for the child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain in #3	
n	He lived with the child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain in #3	
o	He visited the child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain in #3	
p	The child looks like him <input type="checkbox"/> Photo attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain in #3	
q	There are witnesses to my relationship with him. (If Yes, list names, addresses, and facts known by each person in #3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain in #3	

3. Other information in support of a declaration of parentage. Explanations for the 'yes' answers in question #2 are given below. Continued on attached sheet(s)

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4. I agree to cooperate with a request for genetic testing of myself to confirm parentage. I agree to make the child, if in my custody, available for genetic testing.
5. I had sexual intercourse with a man other than the respondent during the time 30 days before to 30 days after the date the child was conceived No Yes (if yes, complete the following)
- a. The name(s) of the other man/men:

 - b. The other man/men is/are blood relatives of the respondent (e.g. brother, cousin, uncle, etc.) No Yes (if yes, list relationship)

 - c. I do not believe the other man / men could be the father because:
6. I was married to a man other than the respondent at the time of the child's birth No Yes (if yes, complete the following)
- a. Husband's name (first, middle, last) and last known address:

 - b. I do not believe that the man I was married to is the father of the child because: (list reasons, and attach all supporting documents, including divorce order, blood test results, finding of non-paternity, if any)

This document is attached to, and forms part of the evidence in, my support application/support variation application:

Claimant's/Applicant's signature