



Office of the Attorney General of Guam's  
**DECLARATION OF PATERNITY**

*“Love Your Kids”*

**PURPOSE:**

This document, when completed properly, legally establishes the father and child relationship when the father is not married to the child's mother. It allows the father's name to be on the child's birth certificate. It creates certain legal rights and responsibilities for the mother, father, and child.

**INSTRUCTIONS FOR PARENTS:**

Please read the entire form and complete it carefully. Fill out Section I together. The father fills out Section II. The mother fills out Section III. Fill out Sections II and III in the presence of a witness. Have the witness sign Sections II and III. This is a legal document. Please read and complete carefully. **Do not sign this form if you do not understand what it means.**

**STATEMENT OF RIGHTS**

Local law gives parents rights in a legal action to determine the existence of the parent and child relationship. These rights include:

1. to a hearing to determine if the man is the biological father of the child;
2. to have blood or genetic testing to prove that the man is the biological father of the child; and
3. to have a lawyer represent them to fight paternity (you must provide your own attorney).

**WAIVER OF RIGHTS**

**IMPORTANT:** By signing this Declaration of Paternity, you give up the rights listed above.

I understand that I may cancel this Declaration by stating in writing that I am revoking the Declaration. I understand I must sign the Revocation before a Notary Public. I understand I must file the Revocation with the Department of Public Health & Social Services, vital Statistics, within sixty (60) days after I complete this Declaration. I have read and understood the Statement of Rights (above). **Father's Initials** \_\_\_\_\_ **Mother's Initials** \_\_\_\_\_

*(Parents, please complete the following questionnaire.)*

**I. PARENT'S INFORMATION**

CHILD'S NAME (First/Middle/Last)	DATE OF BIRTH
IMPORTANT: IF A BIRTH CERTIFICATE HAS BEEN FILLED OUT, PUT IN THE NAME THAT IS ON THE BIRTH CERTIFICATE.	
SEX OF CHILD: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	HOSPITAL OF BIRTH: _____
PLACE OF BIRTH (City/County/State): _____	
REQUESTED NAME OF CHILD (First/Middle/Last): _____	
<small>(Failure to identify a name on the above blank will cause the name on the birth certificate to be used.)</small>	

## II. FATHER'S STATEMENT

(Fathers must read and complete this column.)

I, \_\_\_\_\_ state:  
(Father's full legal name)

\_\_\_\_\_  
FATHER'S NAME (First/Middle/Last)

\_\_\_\_\_  
DATE OF BIRTH PLACE OF BIRTH (State or Foreign country)

\_\_\_\_\_  
MAILING ADDRESS HIGHEST EDUCATION COMPLETED

\_\_\_\_\_  
RESIDENTIAL ADDRESS RACE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER TELEPHONE NUMBER

\_\_\_\_\_  
CURRENT OR LAST EMPLOYER

1. I have read and understand the statement of rights (on the reverse of this form) and I give up those rights.

2. I am the biological father of \_\_\_\_\_  
CHILD'S FULL LEGAL NAME

3. I accept my responsibility to provide child support.

4. I understand that I have the right to notice of an adoption hearing.

5. I understand that this is a legally binding document. It is the same as a court order determining that I am the father of the child.

6. I have reviewed the educational materials presented to me about the Declaration of Paternity.

7. I hereby declare that the foregoing is true and correct to the best of my knowledge and belief, under penalty of perjury of the laws of Guam, this declaration being sworn and made in lieu of an affidavit pursuant to Title 6 Guam Code Annotated § 4308, at the place and date identified herein.

\_\_\_\_\_  
SIGNATURE OF [ ] FATHER [ ] LEGAL GUARDIAN OF MINOR FATHER DATED

\_\_\_\_\_  
SIGNATURE OF MINOR FATHER (IF APPLICABLE) DATED

\_\_\_\_\_  
WITNESS DATED

SIGNED AT \_\_\_\_\_  
CITY, JURISDICTION

## III. MOTHER'S STATEMENT

(Mothers must read and complete this column.)

I, \_\_\_\_\_ state:  
(Mother's full legal name)

\_\_\_\_\_  
MOTHER'S NAME (First/Middle/Last)

\_\_\_\_\_  
DATE OF BIRTH PLACE OF BIRTH (State or Foreign country)

\_\_\_\_\_  
MAILING ADDRESS HIGHEST EDUCATION COMPLETED

\_\_\_\_\_  
RESIDENTIAL ADDRESS RACE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER TELEPHONE NUMBER

\_\_\_\_\_  
CURRENT OR LAST EMPLOYER

1. I have read and understand the statement of rights (on the reverse of this form) and I give up those rights.

2. I am the biological mother and \_\_\_\_\_  
FATHER'S FULL LEGAL NAME

Is the biological father of \_\_\_\_\_  
CHILD'S FULL LEGAL NAME

3. I accept my responsibility to provide child support.

4. I understand that I have the right to notice of an adoption hearing.

5. I understand that this is a legally binding document. It is the same as a court order determining that I am the father of the child.

6. I have reviewed the educational materials presented to me about the Declaration of Paternity.

7. I hereby declare that the foregoing is true and correct to the best of my knowledge and belief, under penalty of perjury of the laws of Guam, this declaration being sworn and made in lieu of an affidavit pursuant to Title 6 Guam Code Annotated § 4308, at the place and date identified herein.

\_\_\_\_\_  
SIGNATURE OF [ ] MOTHER [ ] LEGAL GUARDIAN OF MINOR MOTHER DATED

\_\_\_\_\_  
SIGNATURE OF MINOR MOTHER (IF APPLICABLE) DATED

\_\_\_\_\_  
WITNESS DATED

SIGNED AT \_\_\_\_\_  
CITY, JURISDICTION

***Thank you for taking responsibility for your child.***