

## PATERNITY DECLARATION INFORMATION REQUEST (FOR USE BY PUBLIC AGENCIES ONLY)

**REQUEST TYPE:**    VERIFICATION    CERTIFIED COPY    FAXED COPY    FRONT & BACK

CHILD'S NAME (FIRST, MIDDLE, LAST)

CHILD'S COUNTY OF BIRTH

CHILD'S DATE OF BIRTH

MOTHER'S NAME (FIRST, MIDDLE, LAST)

MOTHER'S SOCIAL SECURITY No.

FATHER'S NAME (FIRST, MIDDLE, LAST)

FATHER'S SOCIAL SECURITY No.

### REQUESTOR INFORMATION

AGENCY REQUESTER NAME

PHONE NUMBER

AGENCY NAME

PCN (ALSO REFERRED TO AS BVS#)

REQUEST DATE

CASE NUMBER

FAX NUMBER

NAME OF COUNTY

LCSA    WELFARE/SOCIAL SERVICES    COURTS

RETURN MAILING ADDRESS

**SEND FAX REQUEST TO: (916) 464-5898**

*FOR FURTHER INFORMATION CONTACT A STATE POP ANALYST AT: (866) 249-0773*

FOR STATE USE ONLY

RECORD ON FILE    COPY ATTACHED    NO RECORD FOUND

INITIALS AND DATE: