Paternity Opportunity Program

ERROR-FREE Paternity Declarations

To file a valid, error-free Declaration of Paternity with DCSS, make sure these items are complete:

Use only black or blue ink

Print legibly

- **Child's first and last name**
- **Child's date of birth**
- **Child's county of birth**
- **Father's first and last name**
- **Mother's first and last name**
- **Father's signature and date**
- **Mother's signature and date**
- **Witness or notary's name, date, signature & seal**

Fill in all spaces and mail original (white page) to:

DCSS–POP UNIT
PO BOX 419070
RANCHO CORDOVA CA 95741-9070

Questions?

Call POP toll-free at 1-866-249-0773
E-mail *askpop@dcss.ca.gov*
Click on the POP link at *www.childsup.ca.gov*

POP14 (2/07)