**IN THE CIRCUIT COURT OF {{ upper\_county }} COUNTY, WEST VIRGINIA**

**In Re the Adoption of:**

**{{ minor\_list[i].name.full(middle=“full”) }}**

**Civil Action No.:**

**BIRTH MOTHER’S AFFIDAVIT OF KNOWN AND UNKNOWN FATHER**

I, {{ minor\_list[i].parent1.name.full(middle=“full”) }}, natural birth mother of {{ minor\_list[i].name.full(middle=”full”) }}, and a credible person over the age of eighteen (18), do hereby depose and swear the following:

1. I believe {{ minor\_list[i].parent2.name.full(middle=“full”) }} is the father of {{ minor\_list[i].name.full(middle=”full”) }}. There is no other man who could be the father of the child.

2. I was unmarried at the probable time of conception of both children.

3. I was cohabiting with {{ minor\_list[i].parent2.name.full(middle=“full”) }} at the probable time of conception of the child.

5. I have not received any payments or promise of payments of support from {{ minor\_list[i].parent2.name.full(middle=“full”) }}, or any man with respect to the child.

6. I did not identify {{ minor\_list[i].parent2.name.full(middle=“full”) }} or any other man to be the father of the minor child at the hospital at the time of child’s birth.

7. {{ minor\_list[i].parent2.name.full(middle=“full”) }} is the only man I have ever identified as the biological father of the children.

8. No other man has ever formally or informally acknowledged or claimed paternity of the children in any jurisdiction.

9. I understand that failure to identify or misidentify the children’s biological father can result in delays and disruptions in the processing of the adoption.

9. I have been informed that my statement concerning the identity of the children’s father will be used only for the limited purposes of adoption and that once the adoption is complete, such identity will be sealed.

10. I understand that I can seek protection from domestic violence pursuant the protections available to me by law.

Further, affiant saith not.

Dated this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

{{ minor\_list[i].parent1.name.full(middle=“full”) }}

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

COUNTY OF \_\_\_\_\_\_, to-wit:

I, , a Notary Public in and for the County and State aforesaid, do hereby certify that {{ minor\_list[i].parent1.name.full(middle=”full”) }},

whose name is signed to the foregoing document, acknowledged the same before me in my said County and State on this the day of , 20\_\_ .

My Commission expires .

NOTARY PUBLIC