



AFFIDAVIT OF PATERNITY

Call (760) 858-4219 or email enrollment@cit-nsn.gov for questions

INSTRUCTIONS

This form is to affirm biological parentage for the purpose of enrollment in the Chemehuevi Indian Tribe.

Warning: False statements made knowingly and willingly on this form will be considered grounds for disenrollment of the listed child based on the Chemehuevi Enrollment Ordinance Section 08.010.A.

FATHER'S INFORMATION

Father's Name (First) _____ (MI) _____ (Last) _____

Enrollment # _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

STATEMENT OF PATERNITY

I, _____ Do solemnly swear (or affirm) that I am the biological parent of:

Name of Child _____ Date of Birth _____ Place of Birth _____

CITIZEN SIGNATURE

I solemnly swear that the statement in this affidavit is true and complete to the best of my knowledge and belief, and that this affidavit is for the purpose of establishing my relationship to the aforementioned child and his or her claim for enrollment in the Chemehuevi Indian Tribe.

SIGN HERE _____ Signature of Citizen _____ Date _____

NOTARY

A Notary Public verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____
 County of _____
 Subscribed and sworn to (or affirmed) before me on this _____ day of _____,
 20____, by _____, proved to me on the basis of satisfactory
 evidence to be the person who appeared before me.

SIGN HERE Notary Signature _____ (Seal)

MAIL

Please return to:
Chemehuevi Enrollment Department, P.O. Box 1976, Havasu Lake, CA 92363