



Utah father's worksheet for voluntary declaration of paternity

Please provide the requested information in the form below. DHHS will use the information you give us to establish paternity records for the child. The information will also be used for public health reporting and research purposes. Your Social Security Number may be shared with the Office of Recovery Services to assist with child support enforcement activities and with the Internal Revenue Service for the purpose of determining earned income tax credit. If necessary, the data may be accessed by contractors who are a part of the DHHS technical team. Required fields are marked with an asterisk (*). Fields not marked are optional. We will not be able to process your request without the required information. This data is part of the record series 28666.

Father's information

First name:* _____ middle:* _____ last:* _____

Date of birth (MM/DD/YYYY):* _____ / _____ / _____ Suffix (Jr. Sr. etc.): _____

State of birth:* _____ Country of birth:* _____

Social Security Number:*

Furnishing the social security number of each parent is required by federal law 42 U.S.C. 405 section (c)(2)(C)(ii) of the Social Security Act. The number will be made available to the Office of Recovery Services to assist with child support enforcement activities and with the Internal Revenue Service for the purpose of determining earned income tax credit.

Usual or current residence

Address:* _____

City:* _____ State:* _____ Zip:* _____ Country:* _____

Inside city limits? Yes No

Mailing address if different from above

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Confidential information for medical and health use only

This information is protected by state law and administrative rule. It is used for health and statistical purposes in public health policy, programs, and medical research.

Level of schooling completed (check the box that best describes the father's education)		
<input type="checkbox"/> 8 th grade or less	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> None
<input type="checkbox"/> 9 th -12 th grade, no diploma	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Unknown
<input type="checkbox"/> High school graduate or GED	<input type="checkbox"/> Master's degree	
<input type="checkbox"/> Some college credit but no degree	<input type="checkbox"/> Doctorate degree	
Hispanic Origin	<input type="checkbox"/> Yes, check all that apply <input type="checkbox"/> No, not Spanish/Hispanic/Latino	
<input type="checkbox"/> Mexican, Mexican American, Chicano	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Cuban
<input type="checkbox"/> Other Spanish/Hispanic/Latino (specify)		
Race (check all that apply)		
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Filipino	<input type="checkbox"/> Tongan
<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> American Indian or Alaska native (name of enrolled or principal tribes)		
<input type="checkbox"/> Other Asian (specify)	<input type="checkbox"/> Other Pacific Islander (specify)	
<input type="checkbox"/> Other (specify)		
Child's current name*		
Child's new name*		