FIA- 4610, PATERNITY QUESTIONNAIRE

PATERNITY QUESTIONNAIRE
Family Independence Agency

CASE NAME (First, Middle, Last)	CASE NUMBER	PHONE NUMBER

MARITAL STATUS ☐ Married ☐ Separated ☐ Single ☐ Divorced

DATE YOU BECAME PREGNANT	DATE PREGNANCY CONFIRMED	DATE BABY WAS DUE

CHILD'S FULL NAME (First, Middle, Last)

CHILD'S DATE OF BIRTH	CHILD'S PLACE OF BIRTH (City, County and State)

CHILD'S SEX	CHILD'S RACE	CHILD'S WEIGHT AT BIRTH

Did you have more than one sexual partner during the two months before or two months after the date you became pregnant? ☐ YES ☐ NO
(A separate form should be completed for each partner.)

ALLEGED FATHER'S NAME (First, Middle, Last)	ALLEGED FATHER'S SOCIAL SECURITY #

ALLEGED FATHER'S ADDRESS (Number and Street, City, State)

DATE OF BIRTH	CITY AND STATE OF BIRTH	IF DATE OF BIRTH UNKNOWN, APPROX. AGE

NAME AND ADDRESS OF CURRENT OR LAST KNOWN EMPLOYER

HOURS OF EMPLOYMENT FROM AM/PM TO AM/PM	FORMER EMPLOYER(S)

DESCRIPTION

RACE	WEIGHT	HEIGHT
HAIR COLOR	EYE COLOR	MUSTACHE/BEARD

LIST ANY OTHER IDENTIFYING INFORMATION SUCH AS SCARS OR TATTOOS

DRIVER'S LICENSE NUMBER		ISSUING STATE	
MAKE OF VEHICLE	COLOR	YEAR	PLATE NUMBER

HIS MARITAL STATUS ☐ Married ☐ Separated ☐ Single ☐ Divorced

HIS FATHER'S NAME	HIS MOTHER'S NAME	HIS MOTHER'S MAIDEN NAME

DOES HE ADMIT HE IS THE FATHER OF THIS CHILD? ☐ YES ☐ NO	WILL HE SIGN AN ACKNOWLEDGMENT OF PARENTAGE? ☐ YES ☐ NO

WHEN WAS THE LAST TIME YOU SAW HIM?

SIGNATURE	DATE

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.

AUTHORITY: 45 CFR 232.12
COMPLETION: Required when applicable
PENALTY: Ineligibility for Aid to Families with Dependent Children and/or Medical Assistance.

FIA-4610 (Rev. 9-96) Previous edition may be used.