the Chickasaw Nation
Department of Health

Chris Anoatubby
Governor

STATEMENT OF ELIGIBILITY

I, _____, hereby declare that I am the father of the child being born to
Father's name

_____. "I understand that after the baby is born I will be responsible to sign the
Mother's name

paternity affidavit." If I am not capable of taking on the responsibility of being the father, then I understand that the child's mother is not eligible to begin any prenatal care at the Chickasaw Nation Medical Center while she is bearing my child. If I do not sign this statement, the mother will not be eligible at all. I understand that the mother is only eligible through my benefits.

_____ _____
Father's signature date/time Father's address

Sworn to and subscribed before me this _____

Notary public _____

Address of notary public _____ My commission expires _____

Commission no. _____

SEAL:

I, _____ hereby declare that _____
Mother's name Father's name

is the father of this child that I am bearing, and that it is agreed that the father and I wish for the child's birth certificate to show him to be the father, and for the baby to register under the father's last name. I understand for this to be legal, a paternity affidavit must be signed by the father and I before a notary. If I wish for the baby not to carry the father's last name this must be agreed upon and must be notarized before I start my prenatal care here at this facility. I understand I am only eligible through the baby's father. This agreement is to be made between the father and me before it is signed and notarized.

_____ _____
Mother's signature date/time Mother's address

Sworn to and subscribed before me this _____

Notary public _____

Address of notary public _____ My commission expires _____

Commission no. _____

SEAL:

Patient Identification