the Chickasaw Nation		Bill Anoatubby Governor
Department of Health		
	STATEMENT OF E	_IGIBILITY
	_, hereby declare that I am	the father of the child being born to
Father's name	"I understand that after the	ne baby is born I will be responsible to sign the
child's mother is not eligible to begin	n any prenatal care at the C	bility of being the father, then I understand that the hickasaw Nation Medical Center while she is not be eligible at all. I understand that the mother
Father's signature date/time	e Father's address	
Sworn to and subscribed be	fore me this	
Notary public		
Address of notary public		My commission expires
SEAL:		Commission no
I, Mother's name	hereby declare the	At Father's name
certificate to show him to be the fath this to be legal, a paternity affidavit carry the father's last name this must	ner, and for the baby to regi must be signed by the fathe st be agreed upon and mus y eligible through the baby's	that the father and I wish for the child's birth ster under the father's last name. I understand for er and I before a notary. If I wish for the baby not to t be notarized before I start my prenatal care here s father. This agreement is to be made between
Mother's signature date/time	e Mother's address	
Sworn to and subscribed be	fore me this	
Notary public		My commission
Address of notary public		-
SEAL:		Commission no
Patient Identification		
		Form no. 07716 CNDH-REG Rev. 8/202