

**NOTICE OF INTENT TO CLAIM PATERNITY**  
Michigan Department of Health and Human Services

State of Michigan  
County of \_\_\_\_\_

In accordance with Public Act 235 of 1972, as amended by Public Act 296 of 1974

I, \_\_\_\_\_ whose  
*name of father*  
address is \_\_\_\_\_ being  
*number and street city state zip*  
duly sworn, do hereby give notice of my intent to claim paternity of the child or children who may be  
born to \_\_\_\_\_ whose last known  
*name of mother*  
address is \_\_\_\_\_ . To the  
*number and street city state zip*  
best of my knowledge the expected date of birth is \_\_\_\_\_ of \_\_\_\_\_ . By the  
*month year*  
filing of this notice, I acknowledge my liability for contribution to the support and education of such child or children  
when born, and my liability for contribution to the pregnancy related medical expenses of the mother.

\_\_\_\_\_  
*Signature of Father*

On this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_, before me a Notary Public in and for the  
County of \_\_\_\_\_, Michigan, personally appeared \_\_\_\_\_  
\_\_\_\_\_ to me known to be the person described in and who executed the foregoing  
instrument, and acknowledged that he executed the same as his free act and deed.

Signed, Sealed and Delivered in the Presence of:

\_\_\_\_\_  
\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, Michigan

My Commission Expires:

This notice is filed to allow the probate court to notify the claimant at the above address in the event the child or children  
born are to be released for adoption. It is to be used to establish conclusive evidence of paternity in any action under  
1956 P.A. 205 (Paternity Act) unless denied by the mother. It is not an acknowledgment and legitimation pursuant to  
Chapter 2, 1939 P.A. 288.

MICHIGAN DEPT OF HEALTH AND HUMAN SERVICES USE ONLY	FOR COUNTY USE ONLY
Date Filed: _____ Date of Notification: _____	Date Filed: _____
_____ <i>Signature of Registrar</i>	_____ <i>Signature of Clerk of Court</i>
_____ <i>State File Number</i>	