



Karen I. Fryberg Tulalip Health Clinic

Patient Registration
7520 Totem Beach Road
Tulalip, WA 98271
360-716-4511

Acknowledgement of Paternity

I, _____, hereby acknowledge that I am the father of the unborn child carried by _____. I understand that this acknowledgment of paternity will be placed in the system of records maintained by the Tulalip Health Clinic and the disclosure of this document may be obtained only by order of the court of competent jurisdiction.

Name: _____ Date of birth: _____

Tribal ID #: _____

Address: _____

Pursuant to the provision of the 126101, any false fictitious or fraudulent statement to a government agency is punishable by a fine of \$10,000.00 or imprisonment of no more than five (5) years or both.

Subscribed and sworn before me on this _____ Day of _____, 20_____

Notary Public Signature: _____