



**Office of the Attorney General of Guam's  
DECLARATION OF PATERNITY**

**PURPOSE:**

This document, when completed properly, legally establishes the father and child relationship when the father is not married to the child's mother. It allows the father's name to be on the child's birth certificate. It creates certain legal rights and responsibilities for the mother, father and child.

**INSTRUCTIONS FOR PARENTS:**

Please read the entire form and complete it carefully. Fill out Section I together. The father fills out Section II. The mother fills out Section III. Fill out Sections II and III in the presence of a witness. Have the witness sign both Sections II and III. This is a legal document. Please read and complete carefully. **Do not sign this form if you do not understand what it means.**

**STATEMENT OF RIGHTS**

Local law gives parents rights in a legal action to determine the existence of the parent and child relationship.

1. The right to a hearing to determine if the man is the biological father of the child.
2. The right to have blood or genetic testing to prove that the man is the biological father of the child.
3. The right to have an attorney represent them. Parents will be responsible to provide their own attorneys.

**WAIVER OF RIGHTS**

**IMPORTANT:** By signing this Declaration of Paternity, the parents give up the rights listed above.

I understand that I may cancel this Declaration of Paternity by stating in writing that I am revoking the Declaration. I understand I must sign the Revocation before a Notary Public. I understand I must file the Revocation with the Department Of Public Health And Social Services, Vital Statistics within sixty (60) days after I complete this Declaration. I have read and understood the Statement of Rights (above). Father's initials \_\_\_\_\_ Mother's initials \_\_\_\_\_

**INSTRUCTIONS: FILL THIS OUT.**

**I. PARENT'S INFORMATION**

CHILD'S NAME (FIRST/MIDDLE/LAST) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

**IMPORTANT: IF A BIRTH CERTIFICATE HAS BEEN FILLED OUT, PUT IN THE NAME THAT IS ON THE BIRTH CERTIFICATE.**

SEX OF CHILD:  FEMALE  MALE HOSPITAL OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: (CITY/COUNTY/STATE): \_\_\_\_\_

REQUESTED NAME OF CHILD (FIRST/MIDDLE/LAST): \_\_\_\_\_

(IF YOU DO NOT WRITE A NAME ON THE BLANK, THE CHILD'S NAME WILL BE THE ONE ON THE BIRTH CERTIFICATE(5)).