



# Affidavit of Paternity

**Osage Nation**  
**Membership Office**  
239 E. 12<sup>th</sup> St.  
P.O. Box 488  
Pawhuska, OK 74056  
1-800-818-6517  
918-287-5389

I, \_\_\_\_\_, of lawful age, do hereby acknowledge that I am the biological father of \_\_\_\_\_ born on \_\_\_\_\_. I understand if I submit false information under oath for the purpose of completely recognizing and acknowledgement of above child, this will be a violation of law.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Biological Father \_\_\_\_\_  
DOB \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_ # \_\_\_\_\_

Commission expires \_\_\_\_\_

Any intentional false statement in this claim or willful misrepresentation relative thereto, is a violation of the law, punishable by a fine of not more than \$10,000, imprisonment of no more than (5) years, or both..(18 U.S.C. 1001)

## For office use only

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initials of Clerk

Received
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