NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Nebraska Department of Health and Human Services

# Two-Party Statement of Fatherhood

**ATTENTION: Signing this form does NOT have the effect of ending the husband's legal responsibilities to the child. The husband is legally responsible for the financial support of the child until/if a court orders otherwise. The state reserves the right to possibly seek a court order at a later date to establish that the husband provide financial support for the child. Signing this form does allow the legal father's (husband) name to be omitted from the child's birth certificate pursuant to Nebraska law (Neb. Rev. Stat. Sec. 71-640.01(1)(b)).**

I, _____, legal husband of _____ attest
(Full Name of Husband) (Full Name of Mother)

that I am not the biological father of: _____ born on _____/_____/_____
(Full Name of Child) (Month) (Day) (Year)

born to _____, at _____.
(Full Name of Mother) (Name of Hospital) (City) (County)

I, _____, mother of _____ attest that my
(Full Name of Mother) (Full Name of Child)

husband _____ is not the biological father of the child listed above.
(Full Name of Husband)

We request that the information regarding the legal father be left blank on the birth certificate.
We hereby swear that the information listed above is true and correct to the best of our knowledge.

| | |
|---|---|
| _____ | _____ |
| (Husband's Signature) | (Mother's Signature) |
| _____-_____-_____ | _____-_____-_____ |
| (Social Security Number) | (Social Security Number) |
| Subscribed and sworn to before me on this _____ day of _____, 20_____. | Subscribed and sworn to before me on this _____ day of _____, 20_____. |
| _____ | _____ |
| (Notary Public's Signature) | (Notary Public's Signature) |
| Commission Expires on _____ | Commission Expires on _____ |