



**MASSACHUSETTS DEPARTMENT OF REVENUE
CHILD SUPPORT ENFORCEMENT DIVISION**

MOTHER'S AFFIDAVIT

1. My name is: _____.
2. I live in: _____, Massachusetts.
(Town/County)
3. I am the mother of: _____.
4. My child was born on: _____.
5. The name of the father of my child is: _____.
6. I have known the father since: _____.
7. I had sexual intercourse with the father between _____
(Month/Day/Year)
and _____, which is the probable period of conception of my child.
(Month/Day/Year)
8. I believe that the father is the biological father of my child because I had sexual intercourse with him during the probable period of conception.
9. I was not married to the father during the probable period of conception of my child or at the time of my child's birth.
10. Please check one of the following:
 I have never been married.
 I am/was married to _____ from: _____ to: _____
(Name of Husband) (Date of Marriage) (Date of Divorce if Divorced)

Signed under the penalties of perjury.

Date: _____