

IN THE CIRCUIT COURT IN THE EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR BREVARD COUNTY, FLORIDA.

Case No.: _____

IN RE: IN TERMINATION OF PARENTAL RIGHTS
PENDING STEPPARENT ADOPTION OF

Bar Code Label

_____,
Minor Child(ren)

AFFIDAVIT OF NONPATERNITY

I, *{full legal name}* _____, have personal knowledge of the facts stated in this affidavit and certify that the following statements are true:

1. I have been told that *{name}* _____, has a child. I do not wish to and shall not establish or claim paternity for this child, whose name is _____ and whose date of birth is _____.
2. The child referenced in this affidavit was not conceived or born while the birth mother was married to me. I AM NOT MARRIED TO THE BIRTH MOTHER, nor do I intend to marry the birth mother.
3. With respect to the child referenced in this affidavit, I have not provided the birth mother with child support or prebirth support; I have not provided her with prenatal care or assisted her with medical expenses; I have not provided the birth mother or her child or unborn child with support of any kind, nor do I intend to do so.
4. I have no interest in assuming the responsibilities of parenthood for this child. I will not acknowledge in writing that I am the father of this child, or institute court proceedings to establish the child as mine.
5. I do not object to any decision or arrangements the birth mother makes regarding this child, including adoption.
6. I have been told of my right to choose a person who does not have an employment, professional, or personal relationship with the adoption entity or the prospective adoptive parents to be present when this affidavit is executed and to sign as a witness. The witness I selected is *{full legal name}* _____.

I WAIVE NOTICE OF ANY AND ALL PROCEEDINGS TO TERMINATE PARENTAL RIGHTS OR FINALIZE AN ADOPTION UNDER CHAPTER 63, FLORIDA STATUTES.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this consent and waiver and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Signature

Printed Name: _____

Address: _____

City, State, Zip: _____

Signature of Witness

Printed Name: _____

Business Address: _____

City, State, Zip: _____

Home Address: _____

City, State, Zip: _____

Driver's License: _____

State Id Card No: _____

Signature of Witness

Printed Name: _____

Business Address: _____

City, State, Zip: _____

Home Address: _____

City, State, Zip: _____

Driver's License: _____

State Id Card No: _____

STATE OF FLORIDA
COUNTY OF BREVARD

Sworn to or affirmed and signed before me on *{date}* _____, 20____, by
_____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of
notary or deputy clerk]

____ Personally known
____ Produced Identification
____ Type of identification produced _____.

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:
[ fill in all blanks]

I, *{full legal name and trade name of nonlawyer}* _____,
a nonlawyer, located at *{street}* _____,
{city} _____, *{state}* _____, *{phone}* _____, helped
{Petitioner's name} _____, who is the affiant, fill out this form.