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AFFIDAVIT OF IDENTIFICATION

STATE OF NEBRASKA)
)ss.
COUNTY OF [name of county where you live])

I, [mother's name], state under oath or affirm as follows:

1. I am the biological mother of [child's name] who was born to me on [child's date of birth] at [hospital name] in [city and state of child's birth].
2. I reside at [your mailing address] in [county where you live], State of Nebraska.
3. I am [#] years of age and my date of birth is [mother's date of birth].
4. I acknowledge that I have been asked to identify the father of [child's name].
5. I know and am identifying the biological father. The name of the biological father is [biological father's name]. His rights to the child were terminated by the [name of court] on [date the court order was signed].
6. [In this paragraph, give info regarding when you and the bio dad met, how long you dated for and whether bio mother had intimate relations with any other men besides bio dad or was openly living with any other men besides bio dad.]
7. I have not identified any other person besides [biological father] as the biological father or possible biological father of the child.
8. I understand that my failure or refusal to accurately identify the biological father or possible biological fathers could threaten the legal validity of any adoptive placement of the child.
9. Under penalty of perjury, the undersigned certifies that the statements set forth in this affidavit are true and correct.
10. I have read this affidavit and have had the opportunity to review and