Written Acknowledgment of Paternity for PRC Eligibility

I _____ _____ enrolled
Father's Full Legal Name Father's Date of Birth

member of the Snoqualmie Indian Tribe, hereby attest pursuant to 42 C.F.R. § 126.12(a) that I am

the biological father of the unborn child of _____ _____
Mother's Full Legal Name Expected Due Date

and that the mother is not my legal spouse under applicable law.

I respectfully request that the Purchased and Referred Care department consider for application

_____ and coverage from the date the application is approved through
Mother's Full Legal Name

six weeks postpartum, in accordance with federal regulations.

I certify under penalty of perjury under the laws of the _____ State and
State you live in

Snoqualmie Tribe that the foregoing is true and correct.

Father's Name: _____ Home Address: _____

Phone #: (_____)_____-_____ City, State, Zip: _____

Date: _____

Father's Signature: _____