

CONFIDENTIAL INTERVIEW SHEET (PATERNITY)

DATE: _____

STATISTICS: (This information is necessary for the State Division of Vital Records.)

CLIENT NAME _____ (Maiden Name: _____)

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: Home: _____ Work: _____ Fax: _____ Cell: _____

SOCIAL SECURITY NO.: _____ Residence in IL: _____ yr. / in Lake County: _____ yr.

STATE OF BIRTH: _____ DATE OF BIRTH: _____ AGE NOW: _____

OCCUPATION: _____ EMPLOYER: _____

EMPL. ADDRESS: _____

YRS. EMPLOYED: _____ HOURS/WEEK: _____ EARNINGS _____ GROSS: _____

OPPOSING PARTY _____ (Maiden Name: _____)

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: HOME: _____ Work: _____ Fax: _____ Cell: _____

SOCIAL SECURITY NO.: _____ Residence in IL: _____ yr. / in Lake County: _____ yr.

STATE OF BIRTH: _____ DATE OF BIRTH: _____ AGE NOW: _____

OCCUPATION: _____ EMPLOYER: _____

EMPL. ADDRESS: _____

YRS. EMPLOYED: _____ HOURS/WEEK: _____ EARNINGS _____ GROSS: _____

HOSPITAL CHILD BORN _____ BIRTH CERTIFICATE SIGNED: _____

VOLUNTEER ACKNOWLEDGMENT OF PATERNITY SIGNED: _____

CHILDREN:

NAME: _____ DOB _____ AGE NOW _____

NAME: _____ DOB _____ AGE NOW _____

NAME: _____ DOB _____ AGE NOW _____

