**Form FL‑55**

Clerk’s Stamp

|  |  |
| --- | --- |
| COURT FILE NUMBER |       |
| COURT | COURT OF KING’S BENCH |
| JUDICIAL CENTRE  |       |
| APPLICANT(S) |       |
| RESPONDENT(S) |       |
| DOCUMENT | **STATEMENT - PARENTAGE** |

|  |  |
| --- | --- |
| ADDRESS FOR SERVICE ANDCONTACT INFORMATION OFPARTY FILING THIS DOCUMENT |       |

I,      , swear/affirm that:

*(Choose one)*

|  |  |  |
| --- | --- | --- |
| 1. |   | I am a person claiming to be a parent of the child(ren). |
|  |  |  |
|  |   | I am a parent of the child(ren) and the child(ren) is/are younger than 18. |
|  |  |  |
|  |   | I am a guardian of the child(ren). |
|  |  |  |
|  |   | I am a person who has care and control of the child(ren). |
|  |  |  |
|  |   | I am the child (one of the children). |

2. The child(ren) involved in this parentage application are: *(provide full name and birthdate for each child)*

|  |  |
| --- | --- |
| Name | Birthdate |
|       |       |
|       |       |

3. I ask the Court to declare that [name] is the:

|  |  |  |  |
| --- | --- | --- | --- |
|   | mother |   | father |
| of the child(ren) because: (choose all that apply) |

|  |  |
| --- | --- |
|   | a DNA test was done to establish parentage. (attach results) |
|  |  |
|   | the person was married to the child(ren)’s mother |
|  |  |
|  | Marriage date: [date] |
|  |  |
|  | Separation date: (if applicable) [date] |
|  |  |
|  | Divorce date: (if applicable)       |
|   | the person lived with the child(ren)’s mother from [date] to [date] |
| the person is registered as a parent of the child(ren) in:  |
|  |  |
|   | Alberta (attach live birth registration) |
|  |  |
|   | another province [name of Province] |
|  |  |
|   | another court declared the person was a parent of the child(ren) (attach copy of order) |
|  |  |
|   | I had sexual intercourse with the Respondent during this time period when I believe the child(ren) was/were conceived: [time period] |
|  |
|  |  |
|   | the person has accepted she/he is a parent in the following ways: *(provide detailed description)*      |
|  |
|  |  |
|   | other reasons: [specify]. |

4. I have the following other information in support of my application:

|  |  |  |
| --- | --- | --- |
| Sworn/Affirmed before me on [date], 20[year] at [city], Alberta.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Justice of the Peace or Commissioner for Oaths in and for the Province of Alberta | )))))))))) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant’s Signature |