**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 AND  CONTACT INFORMATION OF  PARTY 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 |