

**CHILD INFORMATION (CHLD) # of Children \_\_\_\_\_**

**LIST ONLY THE CHILD(REN) OF THE OBLIGOR NAMED IN THIS APPLICATION—  
IF NOT ENOUGH PAGES PROVIDED PLEASE ADD TO NOTES ON BOTTOM OF  
PAGE**

Name \_\_\_\_\_  
Last First Middle Jr./Sr./etc.

Social Security Number: \_\_\_\_\_ Sex: Male Female

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Birthplace: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Country (If other than U.S.): \_\_\_\_\_

Was the child conceived in the State of West Virginia? Yes No

Date of Death: \_\_\_\_\_ Verification of

Death: \_\_\_\_\_

Child Receives SSI: Yes No

What is your relationship to this child? \_\_\_\_\_

What is the Obligor's relationship to this child? \_\_\_\_\_

Does the Obligor's name appear on the birth certificate? Yes No

Has paternity been established? If so, which of the following methods of establishment was used?

- 1) Was this child conceived or born during a marriage? Yes No
- 2) Signed Paternity Affidavit? Yes No If Yes, when \_\_\_\_\_ and where? \_\_\_\_\_; or
- 3) Through the court? Yes No If through the court, what is the court's location? City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Civil action #: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Is the Obligor court ordered to provide medical insurance for this child? Yes No

Does this child currently live with you? Yes No

Is this child a minor mother? Yes No

**IF THIS CHILD HAS NOT ALWAYS RESIDED WITH YOU PLEASE PROVIDE INFORMATION INCLUDING DATES OUT OF THE HOME, CIRCUMSTANCES AND WITH WHOM THEY RESIDED.**

**NOTES:**