

**Statement concerning the paternity of a child and a request
for the acknowledgement of paternity and child support
(§4 and §55 or §57 of the Act in Respect of Children No. 76/2003)**

Please write in Block Letters

The name of the declared father: _____

Personal identification no. (or date of birth): _____

Address: (Full mailing address): _____

Profession / place of work: _____

Telephone: _____
Home Work Mobile

I the undersigned _____
hereby declare that the aforementioned man is the father of the male / female child I gave birth to on
____ / _____ 20 ____, and I request that he recognizes its paternity by signing a
statement thereof.

I furthermore request the consent of the declared father to pay child support with the child from its
birth or from ____ / _____ 20 ____ until the child has reached the age of 18.
It is requested that the amount shall be equal to single / _____ child support and paid
monthly in advance on the first day of each month. Child support accrued at the time of the ratification
of an agreement on child support shall be paid on ____ / _____ 20 ____.

Enclosed is the child's birth certificate issued by the Statistics Iceland.

Place and date

Signature of the mother ID-no.

Address (Full mailing address)

Telephone: Home Work Mobile