CSE-1165AFORFF (7-09)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Child Support Enforcement

ACKNOWLEDGMENT TRACKING

To be completed and returned at the end of every week.

HOSPITAL NAME

ADDRESS *(No., Street, City, State, ZIP)*

FOR THE WEEK ENDING	TOTAL NUMBER OF BIRTHS	TOTAL BIRTHS OUT OF WEDLOCK

FORM NUMBER	MOTHER'S NAME	MOTHER'S SOC. SEC. NO.	FATHER'S NAME	FATHER'S SOC. SEC. NO.	HPP ONLY

For Hospital Paternity Program Use Only	VERIFIED BY	DATE VERIFIED

Routing: Original – DCSE/Hospital Paternity Program, Copy – Hospital

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