CSE-1165AFORFF (7-09)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Child Support Enforcement

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ACKNOWLEDGMENT TRACKING

To be completed and returned at the end of every week. HOSPITAL NAME										
HOSPITAL NAME										
ADDRESS (No. S	treet, City, State, ZIP)									
ADDINESS (No., SI	reet, Oity, State, Zii)									
FOR THE WEEK ENDING			TOTAL NUMBER OF BIRTHS TOTAL				L BIRTHS OUT OF WEDLOCK			
FORM NUMBER	MOTHER'S NAME	MOT SOC. S	HER'S EC. NO. FATHER'S NAME		HER'S NAME		FATHER'S SOC. SEC. NO.	HPP ONLY		
		VERIFIED I	BY				DATE VERIFIED			
For Hospital Paternity Program Use Only					TENNIED					

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

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