



**STATE OF ARKANSAS**  
**Department of Finance**  
**and Administration**

**CHILD SUPPORT ENFORCEMENT**  
**Post Office Box 8133**  
**Little Rock, Arkansas 72203-8133**  
 Phone: (501) 682-8100  
 Fax: (501) 682-8816  
 www.childsupport.arkansas.gov

**Paternity Acknowledgement  
 Supply Order Form**

DATE: \_\_\_\_\_

TO: Paternity Acknowledgement Program

FROM: \_\_\_\_\_

Name

Hospital

Street Address

City

State

Zip Code

Phone

Fax

Email Address

<u>Item</u>	<u>Quantity</u>
Paternity Acknowledgement Brochures – English	_____
Paternity Acknowledgement Brochures – Spanish	_____
Paternity Affidavits - English	_____
Paternity Affidavits – Spanish Translation	_____
Flyers	_____
Video – English	_____
Video – Spanish	_____
Video – Staff Training	_____

COMMENTS:

Forms may be filled in online and e-mailed to OCSE at [paternitysupplies@ocse.state.ar.us](mailto:paternitysupplies@ocse.state.ar.us).

Printed forms may be mailed or faxed to OCSE:

Mail to: Paternity Acknowledgement Program  
 Attn: Program Support  
 P.O. Box 8133  
 Little Rock, AR 72203

Fax: (501) 682-8816