

**NOTICE OF SOCIAL SECURITY NUMBER**

I, \_\_\_\_\_ certify that my social security number is \_\_\_\_\_ as required in section 61.052(7), sections 61.13(9) or (10), section 742.031(3), sections 742.032(1)–(3), and/or sections 742.10(1)(2), Florida Statutes.

(√ **one** only)

- \_\_\_\_\_ 1. This notice is being filed in a dissolution of marriage case in which the parties have **no** minor children in common.
- \_\_\_\_\_ 2. This notice is being filed in a paternity or child support case, or in a dissolution of marriage in which the parties have minor children in common. The minor child(ren)'s names(s), date(s) of birth, and social security number(s) are:

Name	Birth Date	Social Security Number

**Disclosure of social security numbers shall be limited** to the purpose of administration of the Title IV-D program for child support enforcement.

**I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this notice and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Dated: \_\_\_\_\_, \_\_\_\_\_, Husband/Wife

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me in the State and County aforesaid by \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_ To me personally known  
\_\_\_\_\_ Identified by \_\_\_\_\_  
\_\_\_\_\_ Issued by \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Printed Name:  
Commission Number:  
Commission Expires: