

Cement Masons & Plasterers Local #518 Fringe Benefit Funds

Administered by Wilson-McShane Corporation

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PATERNITY AFFIDAVIT

l, _	(natural father's name) and		,(natural
mc	other's name) state and certify that the	acknowledgment of paternity filed with	n the
State registrar of vital statistics for			
na	me) was not revoked within 60 days a	ter filing.	
	Signature of Natural Father	Signature of Natural Mothe	
	Signature of Natural Father	Signature of Natural Motife	.1
	Address	Address	
	Social Security #	Social Security #	
Sul	bscribed to and sworn to before me tl	is day of , 20 ,	
	;	-	
	ite of		
Co	unty of		
		Notany Public	_
		Notary Public My Commission Expires:	