



# CERTIFICATE *of* COURSE COMPLETION

The  
**Paternity Opportunity Program**

hereby certifies that

***Katrin Castano***

of

***City of Wichita Falls-Wichita Falls Wichita County Public Health Department***

has completed training on

Acknowledgement of Paternity

on this day,

August , .

  
Ruth Ann Thornton  
Director of Child Support Division