**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

**DECLARATION OF PATERNAL INTEREST REVOCATION**

**Use of form:** Completion of this form is voluntary. S. 48.025, Wis. Stats. provides for filing a Declaration. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** **TYPE OR PRINT LEGIBLY**. This form must be notarized. Mail the completed form to the **Paternal Interest Registry, Division of Safety and Permanence, 201 E. Washington Ave., E200, Madison, WI 53703.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSON SUBMITTING REVOCATION** | | | | | | | | | | | | | |
| Name (Last, First, MI) | | | | | | | | | | | | | |
| Address (Street, City, State, Zip Code) | | | | | | | | | | | | | |
| I filed a Declaration of Paternal Interest on or about | | | | | | |  | | | for the child identified below. I hereby revoke that Declaration. | | | |
|  | | | | | | | (mm/dd/yyyy) | | |  | | | |
| To the best of my knowledge and belief: | | | | | | | | | | | | | |
| I am not the father of the child identified below. | | | | | | | | | | | | | |
| Another person has been adjudicated the father of the child identified below. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **CHILD** | | | | | | | | | | | | | |
| Name (Last, First, MI) | | | | | | | | | Birthdate (mm/dd/yyyy) | | | Expected Birthdate (mm/dd/yyyy) | |
| Gender:  Male  Female  Unknown | | | | | | | | | | | | | |
| **MOTHER** | | | | | | | | | | | | | |
| Name (Last, First, MI) | | | | | | | | | | | | | |
| Last Known Address (Street, City, State, Zip Code) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | |  |  | |  |
| **SIGNATURE** – Person Submitting Declaration | | | | | | | | | |  | Date Signed | |  |
|  | | | | | | | | | | | | | |
| State of |  | | |  | | | | | | | | | |
| County of | |  | |  | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Signed and sworn to (or affirmed) before me on | | | | | |  | | by | | | | | |
|  | | | | | | (mm/dd/yyyy) | |  | | | | | |
|  | | | | | | | | | |  | | | |
| Name – Person Making Statement | | | | | | | | | |  | | | |
|  | | | | | | | | | |  | | | |
| **SIGNATURE** – Notary | | | | | | | | | |  | | | |
| My commission expires | | |  | |  | | | | | | | | |
|  | | | (mm/dd/yyyy) | |  | | | | | | | | |
|  | | | | | | | | | | | | | |
| If the person revoking the Declaration is under the age of 18, a parent or guardian of the declarant must also sign. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | |
| **SIGNATURE** – Parent / Guardian | | | | | | | | | |  | | | |

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| Distribution: Electronic form: Original plus 1 copy to the Division of Safety and Permanence at the address listed in “Instructions” and retain a copy for your files. |

DCF-F-CFS0019B-E (R. 09/2014)