**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. |
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|  |  |
| **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.  |

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