**DECLARATION OF PATERNAL INTEREST**

**\*\*DO NOT USE THIS FORM IF YOUR SITUATION DOES NOT PERTAIN TO AN ADOPTION\*\***

**FOR QUESTIONS REGARDING PATERNITY (DNA) TESTING, CONTACT YOUR LOCAL CHILD SUPPORT OFFICE DIRECTLY**

**Use of form:** Completion of this form is voluntary. S. 48.025, Wis. Stats. provides information for filing a Declaration. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. Filling out this form does not establish paternity to a child. Contact the child support office in your county. <https://dcf.wisconsin.gov/cs/agencylist>

**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 W. Washington Ave., Madison, WI 53703.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSON SUBMITTING DECLARATION** | | | | | | | | | | | |
| Full Name (Last, First, MI) | | | | | | | | | | | |
| Address (Street, City, State, Zip Code) | | | | | | | | | | | |
| I have reason to believe I am the father of the child named below. I am hereby declaring my interest in matters affecting this child. | | | | | | | | | | | |
| **CHILD** | | | | | | | | | | | |
| Full Name (Last, First, MI) | | | | | | | | | | | |
| Birthdate (mm/dd/yyyy) | | | | Expected Birthdate (mm/dd/yyyy) | | | | Gender:  Male  Female  Unknown | | | |
| **MOTHER** | | | | | | | | | | | |
| Full Name (Last, First, MI) | | | | | | | | | | | |
| Last Known Address (Street, City, State, Zip Code) | | | | | | | | | | | |
| I acknowledge that I do not know the mother’s last known address. | | | | | | | | | | | |
|  | | | | | | | | |  |  |  |
| **SIGNATURE** – Person Submitting Declaration | | | | | | | | |  | Date Signed |  |
| If the person declaring to be the father is under the age of 18, a parent or guardian of the declarant must also sign. | | | | | | | | | | | |
|  | | | | | | | | |  | | |
| **SIGNATURE** – Parent / Guardian | | | | | | | | |  | | |
| State of |  | |  | | | | | | | | |
| County of |  | |  | | | | | | | | |
| Signed and sworn to (or affirmed) before me on | | | | |  | | by | | | | |
|  | | | | | (mm/dd/yyyy) | |  | | | | |
|  | | | | | | | | |  | | |
| Full Name – Person Making Statement | | | | | | | | |  | | |
|  | | | | | | | | |  | | |
| **SIGNATURE** – Notary | | | | | | | | |  | | |
| My commission expires | |  | | | |  | | | | | |
|  | | (mm/dd/yyyy) | | | |  | | | | | |
| Mail original copy to the Division of Safety and Permanence at the address listed in “Instructions” above. Retain a copy for your files. | | | | | | | | | | | | |