

## 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]. This form must be notarized.

### 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

Mail completed form to: Paternal Interest Registry  
DCF/DSP – Room E200  
P.O. Box 8916  
Madison WI 53708-8916

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.