Alaska Department of Revenue
Child Support Services Division

Please Reply To:
CSSD, MS
550 W 7th Ave, Suite 310
Anchorage, AK 99501
PHONE: (907) 269-6993 FAX: (907) 787-3216
www.childsupport.alaska.gov

Case Number:
Child:

PATERNITY INFORMATION LOCATE SHEET

We need more information to help establish paternity for your child.

A. Information about alleged/most likely father. This information is important to locate the correct person.

1. His full legal name (no nicknames): _____
   First Mid. Last
2. Any other name(s)/alias he may have used: _____
3. Social Security Number: _____
4. Race:_____ Weight:_____ Height: _____
   Color of eyes:_____ Color of Hair: _____
   Distinguishing marks/scars:_____
   Date of birth:_____ Approximate Age: _____
   Place of birth (city/state): _____
5. Mailing Address: _____
   City/State: _____
   Zip
   Resident Address: _____
   City/State: _____
   Zip
   Work telephone number:_____Home telephone number:_____
6. Did he ever live/work in Alaska? Yes_____ No_____
7. His usual occupation: _____
8. Name of his employer: _____

B. Month, date(s) & year of your sexual relationship with this man:

From:_____ To:_____

CSSD Customer Service: (907) 269-6900 TOLL FREE (In-state, outside Anchorage): (800) 478-3300
TDD machine only: (907) 269-6894 / TDD machine only toll free (In-state, outside Anchorage): (800) 370-6894
Email address: dor.cssd.customerservice.anchorage@alaska.gov FAX: (907) 787-3220

C. Name any other men that you had sexual intercourse with during the time you became pregnant (30 days before or 30 days after the child was conceived). Attach additional pages if necessary.

1. Full Name:_____
First Mid. Last

Address: _____
City State Zip

Date and Place of Birth:_____ Age:_____

Social Security Number: _____

Dates of sexual relations: From_____ To: _____

Why do you think that this man is not the father? _____

_____

2. Full Name:_____
First Mid. Last

Address: _____
City State Zip

Date and Place of Birth:_____ Age:_____

Social Security Number: _____

Dates of sexual relations: From_____ To: _____

Why do you think that this man is not the father? _____

_____

D. If the father of your child is unknown, explain the circumstances when you became pregnant:

_____

_____

E. Information about the child:

Name:_____ Conception Date: _____

Date of Birth:_____ Place of Birth: _____

F. Have there been any legal actions for this child? (child support orders, adoption, children's proceedings, paternity cases, divorce decree, etc.) If so, what action, where, and when? Attach copies of legal documents.

_____

_____

G. Is a father named on the child's birth certificate? Yes_____ No_____

Did the father sign an affidavit of paternity? Yes_____ No_____

If yes, DATE:_____ PLACE _____
City State

H. Were you married when the child was born? Yes_____ No_____

_____
Your name (PLEASE PRINT) Signature Date

Work telephone number:_____ Home number: _____

Your address: _____
City State Zip

Your social security number:_____ Date of Birth:_____