

Alaska Department of Revenue  
**Child Support Services Division**

Please Reply To:  
 CSSD, MS  
 550 W 7th Ave, Suite 310  
 Anchorage, AK 99501  
 PHONE: (907) 269-6900 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: \_\_\_\_\_

(over)

