Child Support Services Division

CSSD Customer Service: (907) 269-6900

Email address: dor.cssd.customerservice.anchorage@alaska.gov

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.

Α.		ormation about <u>alleged/most likely father.</u> That the correct person.	nis information	is important to				
	1.		Mid.	Last				
		FIISt	WIG.	Lasi				
	2.	Any other name(s)/alias he may have used:						
	3.	Social Security Number:						
	4.	Race:Weight:	Height:					
		Color of eyes: Co	lor of Hair:	常来来。 自由的				
		Distinguishing marks/scars:						
		Date of birth: App	proximate Age: _					
		Place of birth (city/state):						
	5.	Mailing Address:						
		City/State:						
		Resident Address:	NUCLARY AND INC.	Zip				
		City/State:	9-9-7-1					
			Zip					
		Work telephone number:Home telephone number:						
	6.	Did he ever live/work in Alaska? Yes No						
	7.	His usual occupation:						
	8.							
В.	Mor	nth, date(s) & year of your sexual relationship w	vith this man:					
		From: To: _						
	(over)							
CSSD	04-1423A	A (Rev 06/12/14) (19298.09:58)						
U-								

TOLL FREE (In-state, outside Anchorage): (800) 478-3300

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:	-					
		Full Name: First	Mid.		Last			
		Address:		0:4.	04-4-	7:		
					State			
		Date and Place of Birth:	<u> </u>		Age			
		Social Security Number: Dates of sexual relations: I	rom		To:			
		Why do you think that this	man is not the	father?	10.			
	2.	Full Name: First						
		First	Mid.		Last			
		Address:						
				City	State	Zip		
		Date and Place of Birth:			Age:			
		Social Security Number:						
		Dates of sexual relations: I	From	11	To: _			
		Why do you think that this	man is not the	father? _				
D.	pre	e father of your child is unk gnant: 						
Е.	Information about the child:							
	Name: Conception Date:							
		Date of Birth:	Place	e of Birth:				
F.	chil	e there been any legal action dren's proceedings, paterni ere, and when? Attach copie	ty cases, divor	ce decrei				
G.	ls a	father named on the child's	birth certificate	e? Yes	No	·		
		the father sign an affidavit of			No			
		es, DATE:						
		7.9 · · · · · · · · · · · · · · · · · · ·			City	State		
H.	Wei	re you married when the chi	d was born?	Yes	No			
		Your name (PLEASE PRIN	Г)		Signature	Date		
		Work telephone number:		Home nu	Imber:			
		Your address:						
			C	lity	State	Zip		
		Your social security number	er:		Date of Birth	:		