

**You must use black ink to fill out this form.**

Your Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Message phone: \_\_\_\_\_

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

AT \_\_\_\_\_  
City or Town where the Court is located

_____	)	
Plaintiff,	)	
	)	
vs.	)	
	)	
_____	)	
Defendant.	)	
_____	)	Your Case No. _____

**DECREE TO DISESTABLISH PATERNITY**

IT IS HEREBY ORDERED, ADJUDGED AND DECREED as follows:

1. \_\_\_\_\_ is not the father of the following child(ren):

Name	Date of Birth
_____	_____
_____	_____
_____	_____

2. \_\_\_\_\_'s name should be removed from the birth certificate of the above named child(ren).

3. \_\_\_\_\_ has no custody or visitation rights to the above named child(ren).

4. \_\_\_\_\_ has no ongoing responsibility to pay child support for the above named child(ren).

5. Other: \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Judge's signature)  
Judge \_\_\_\_\_  
(Judge's name printed out)

I certify that on \_\_\_\_\_  
a copy of this document was sent to  Plaintiff  Defendant  Other \_\_\_\_\_  
Clerk: \_\_\_\_\_