

State of Alaska  
Department of Health and Social Services  
Division of Public Assistance

Case Name \_\_\_\_\_  
Case Number \_\_\_\_\_

**ALASKA TEMPORARY ASSISTANCE PROGRAM**

**STATEMENT OF RELATIONSHIP**

Our records indicate that there is another person living in your home who may or may not be related to your child. Since the name of your child's father is not listed on his or her birth certificate, we must obtain a statement from the other person declaring whether he is or is not the father of your child.

\_\_\_\_\_ must complete the statement below and sign and date the form. You must also fill in your name as the child's mother, sign and date the form, and return it to your local Public Assistance office.

This information is needed to determine if you and your child(ren) are eligible for Temporary Assistance. Information reported on this form will be kept confidential and used only for purposes directly related to Temporary Assistance and Child Support Enforcement.

I, _____, declare that I _____ the father of	
<i>(print your full name here)</i>	<i>(print AM or AM NOT)</i>
_____	
<i>(print child's name here)</i>	
_____	_____
<b>Signature</b> of Person Completing This Statement	<b>Date</b>

Signature of child's mother: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of child's mother: \_\_\_\_\_