



# FLORIDA PUTATIVE FATHER REGISTRY CLAIM OF PATERNITY

**CAREFULLY READ** the information provided on the reverse of this form. PLEASE TYPE OR PRINT CLEARLY.

**Part 1 PUTATIVE FATHER'S (REGISTRANT) INFORMATION TO BE INCLUDED IN PUTATIVE FATHER REGISTRY**

FULL NAME OF FATHER	FIRST	MIDDLE	LAST INCLUDING ANY SUFFIX	DATE OF BIRTH
RESIDENCE STREET ADDRESS (AND APT.)		CITY	STATE	ZIP CODE
ALTERNATE ADDRESS (AND APT.), IF APPLICABLE		CITY	STATE	ZIP CODE

PLEASE PROVIDE A PHYSICAL DESCRIPTION OF FATHER \_\_\_\_\_  
\_\_\_\_\_

**Part 2 CONCEPTION INFORMATION**

DATE OF CONCEPTION (MONTH, DAY, YEAR)	PLACE AND LOCATION OF CONCEPTION (Not limited to, but including city and state)
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**Part 3 AGENT/REPRESENTATIVE APPOINTMENT** *To receive notice of pending adoption, you MUST provide address information. This address cannot be a post office box. If you choose, you may designate another person as an agent or representative to receive notice of any termination of parental rights proceeding and/or adoption that is filed regarding the mother and child listed on this form. Said agent or representative MUST sign the acceptance of designation below in order to receive notice or service of process.*

PRINTED FULL NAME OF AGENT OR REPRESENTATIVE	FIRST	MIDDLE	LAST	SUFFIX
RESIDENCE STREET ADDRESS (AND APT.)		CITY	STATE	ZIP CODE
SIGNATURE OF AGENT OR REPRESENTATIVE				

**Part 4 MOTHER'S INFORMATION** (If date of birth unknown, provide approximate age of mother)

FULL NAME OF MOTHER	FIRST	MIDDLE	MAIDEN, IF KNOWN or LEGAL SURNAME	DATE OF BIRTH
RESIDENCE STREET ADDRESS (AND APT.)		CITY	STATE	ZIP CODE

PLEASE PROVIDE A PHYSICAL DESCRIPTION OF MOTHER \_\_\_\_\_  
\_\_\_\_\_

**Part 5 CHILD'S INFORMATION** (If exact date of birth unknown, provide estimated date of birth OR anticipated date of delivery in case where birth has not yet occurred).

FULL NAME OF CHILD	FIRST	MIDDLE	LAST INCLUDING SUFFIX	SEX
DATE OF BIRTH (MM/DD/YYYY)	CITY OF BIRTH	COUNTY OF BIRTH	STATE OF BIRTH	

<b>FEE FOR FILING AND INDEXING YOUR CLAIM OF PATERNITY IN THE FLORIDA PUTATIVE FATHER REGISTRY</b> Check or money order payable to <u>Vital Statistics</u> in <b>U.S. Dollars</b> (DO NOT SEND CASH)	<b>\$9.00</b>
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### PUTATIVE FATHER'S ACKNOWLEDGMENT

To provide false information for fraudulent purposes is a third-degree felony punishable by the terms and conditions as set forth in Florida Statutes

<p>It is my belief that I am the UNMARRIED BIOLOGICAL FATHER of the above child and that I wish to assert my rights as the father. I understand that my name and information will be included in the Putative Father Registry maintained by the State Office of Vital Statistics, Florida Department of Health and that by filing this Claim of Paternity it serves as confirmation of my willingness and intent to support the child for whom paternity is claimed in accordance with state law.</p> <p>_____ PRINTED NAME OF PUTATIVE FATHER</p> <p>_____ SIGNATURE OF PUTATIVE FATHER</p>	<p><input type="checkbox"/> Personally Known    or    <input type="checkbox"/> Produced Identification</p> <hr/> <p style="text-align: center;">Type of Identification Produced</p>
<p>State of _____ County of _____</p> <p>Subscribed and sworn before me this _____ day of _____, 20____</p> <p>_____ PRINTED NAME OF NOTARIZING OFFICIAL</p> <p>_____ SIGNATURE OF NOTARIZING OFFICIAL</p>	<p><b>(Place Notary Stamp Here)</b></p>

