

Ohio Department of Job and Family Services
APPLICATION FOR SEARCH OF OHIO PUTATIVE FATHER REGISTRY
"Registration Form for Fathers"

Ohio Putative Father Registry
P.O. Box 182709
Columbus, Ohio 43218-2709
Phone: 1-888-313-3100

The following information, if it is complete and submitted within 30 days of the child's birth, will enable you to be notified in the case of an adoption proceeding involving a child of whom you may be the father.

SECTION I: IDENTIFYING INFORMATION ABOUT THE FATHER		
Father's LAST Name	FIRST Name	MIDDLE Name
Social Security Number	Phone Number	
Date of Birth (MM/DD/YY)	Race	
Other names by which father may be known 1.	3.	
2.	4.	
Home Address		
City	State	Zip Code
Father's Mailing Address/Apt. (If different than above)		
City	State	Zip Code
SECTION II: IDENTIFYING INFORMATION ABOUT THE MOTHER		
Mother's LAST Name	FIRST Name	MIDDLE Name
Social Security Number	Phone Number	
Date of Birth (MM/DD/YY)	Race	
Other names by which mother may be known 1.	3.	
2.	4.	
Home Address		
City	State	Zip Code
Mother's Mailing Address/Apt. (If different than above)		
City	State	Zip Code

SECTION III: IDENTIFYING INFORMATION ABOUT THE CHILD

Child's LAST Name	FIRST Name	MIDDLE Name
Race	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Estimated Due Date of Mother (MM/YY)	Child's Date of Birth (MM/DD/YY)	
Child's Birthplace	City	State
Hospital name, if any		
Birth Certified	<input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple Birth <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION IV: ACKNOWLEDGEMENT

I have read, or someone has read to me, the instructions to Putative Fathers before signing this form, and I understand that completing this form is not enough to protect my rights to be legal father of the child identified on this form. For further information on filing a parentage action form contact:

Office of Child Support Enforcement
Ohio Department of Job and Family Services
50 W. Town Street, 5th Floor, Suite 400
Columbus, Ohio 43215
1-800-686-1556 (in Ohio) or 614-752-9743

I certify that the information provided above is true and correct to the best of my knowledge. I understand that a person who knowingly or intentionally registers false information on this form commits a Misdemeanor of the First Degree.

I understand that I must tell the Putative Father Registry if I change my address or if any other information changes on the form so that I can be located if the child I have identified becomes the subject of an adoption.

Signature of Putative Father	Date
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State of _____ County of _____

On this, the _____ day of _____, 20____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public