



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
DAYTIME TELEPHONE (INCLUDING AREA CODE)		CELL PHONE NUMBER	FAX NUMBER	

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				
DAYTIME TELEPHONE (INCLUDING AREA CODE)		CELL NUMBER	FAX NUMBER	

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	CITY OF BIRTH	COUNTY OF BIRTH	STATE OF BIRTH	

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

I hereby swear or affirm to the best of my knowledge and belief that I am the biological father of the child referenced above and I agree to DNA testing, if requested, as provided by law. I understand this information will be included in the Florida Putative Father Registry and by filing this claim of Paternity I am confirming my willingness and intent to support the child referenced above in accordance with state law.	<input type="checkbox"/> Personally Known or <input type="checkbox"/> Produced Identification
_____ PRINTED NAME OF PUTATIVE FATHER	_____ Type of Identification Produced
_____ SIGNATURE OF PUTATIVE FATHER	(Place Notary Stamp Here)
State of _____ County of _____ Subscribed and sworn before me this _____ day of _____, 20____	
_____ PRINTED NAME OF NOTARIZING OFFICIAL	
_____ SIGNATURE OF NOTARIZING OFFICIAL	

IMPORTANT INFORMATION CONCERNING

FLORIDA PUTATIVE FATHER REGISTRY - CLAIM OF PATERNITY

BACKGROUND AND PURPOSE Section 63.054, Florida Statutes has provided for the establishment of a Putative Father Registry in the Office of Vital Statistics (OVS), Florida Department of Health (DOH). The purpose of the registry is to permit a man alleging to be the biological father of a child to assert his parentage, independent of the mother, and preserve his rights as a parent. This registry also may expedite adoptions of children whose biological fathers are unwilling to assume responsibility of their child. For purposes of this provision registrant means an “unmarried biological father”. The information provided is not designed to be legal advice. If an unmarried biological father fails to take the actions that are available to him to establish a relationship with his child, his parental interest may be lost entirely, or greatly diminished, by his failure to timely comply with the available legal steps to substantiate a parental interest.

A man is presumed to be the biological father if:

- The minor was conceived or born while the father was married to the mother;
- The minor is his child by adoption;
- The minor has been established by court proceeding to be his child;
- He has filed an affidavit of paternity by acknowledging paternity in conjunction with the child’s mother at the hospital at the time of child’s birth or by subsequently filing an acknowledgment of paternity in conjunction with the child’s mother with the State Office of Vital Statistics both of which constitutes the establishment of paternity as provided for in section 742.10, Florida Statutes.

The information provided herein is not designed to be legal advice. Questions concerning paternity, presumption of paternity, or rights and responsibilities of a parent should be directed to an attorney.

INFORMATION FOR COMPLETING CLAIM OF PATERNITY FORM - Type or print neatly. This form **MUST** be signed under oath.

- All information in Part 1 concerning the father is required. Do not leave any of these items blank.
- Complete Parts 2, 4 & 5 to the best of your ability. If an item is unknown, leave the space blank. The child’s name, date of birth, place of birth, and the mother’s maiden name are critical to linking the Claim of Paternity with an actual child. The more complete the information you provide, the more effective the paternity registry can be. If mother’s maiden name is unknown but her legal surname is known, please provide legal surname and indicate that name provided is legal surname. If you have named an agent/representative to act on your behalf, said agent or representative **MUST** file an acceptance of the designation, in writing, in order to receive notice or service of process.
- A Claim of Paternity may be filed any time prior to the birth **BUT** a claim of paternity may not be filed after the date a petition is filed for termination of parental rights.
- By filing this claim of paternity, the registrant expressly consents to submit to DNA testing upon the request of any party, the registrant, or the adoption entity with respect to the child referenced in the claim of paternity.
- The registrant may, at any time prior to the birth of the child for whom paternity is claimed, execute a notarized written revocation of the claim of paternity previously filed and upon such revocation, the claim of paternity shall be deemed null and void. A Claim of Paternity - Update to Registration form is available for this purpose.
- If the court determines that a registrant is not the father of the minor, the court shall order the department to remove the registrant’s name from the registry.
- It is the obligation of the registrant or, if designated an agent or representative, to notify and update the information contained in the registry in OVS of any change of address or change in the designation of an agent or representative. A Claim of Paternity - Update to Registration form is available for this purpose.
- OVS will notify the registrant, in writing, of their receipt of a Claim of Paternity **OR** a Revocation filed on a Claim of Paternity - Update to Registration.
- Pursuant to s. 63.541, Florida Statutes, information in the registry is confidential and may only be released to:
 - a) an adoption entity, upon filing of a request for a diligent search of the Florida Putative Father Registry in connection with the planned adoption of a child,
 - b) the registrant unmarried biological father upon receipt of a notarized request for a copy of his registry entry and
 - c) the court, upon issuance of a court order concerning a petitioner acting pro se in an action under this chapter.
- Florida law requires a fee of \$9.00 for filing an indexing a claim of paternity. Please make your check or money order payable to Vital Statistics. **DO NOT SEND CASH.** Florida Law imposes an additional service charge of \$15 for dishonored checks.

Mail Claim of Paternity with payment to VITAL STATISTICS, P.O. BOX 210, Jacksonville, FL 32231-0042

http://www.doh.state.fl.us/planning_eval/vital_statistics/Putative..htm

OFFICE OF VITAL STATISTICS USE ONLY

ACTUAL NAME OF CHILD	FIRST	MIDDLE	LAST	SUFFIX
DATE OF BIRTH (MM/DD/YYYY)	STATE FILE NUMBER	<input type="checkbox"/> Registration acceptance notice sent to registrant and date sent: <input type="checkbox"/> Revocation received date: <input type="checkbox"/> Revocation acceptance notice sent to registrant and date sent: <input type="checkbox"/> Notice of Termination of Parental Rights – Date received:		