



FLORIDA PUTATIVE FATHER REGISTRY

APPLICATION FOR SEARCH

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

Part 1 PUTATIVE FATHER'S (REGISTRANT) INFORMATION (If date of birth unknown, provide approximate age of father)

FULL NAME OF REGISTRANT	FIRST	MIDDLE	LAST INCLUDING ANY SUFFIX	DATE OF BIRTH
ADDRESS OF REGISTRANT	STREET	CITY	STATE	ZIP CODE

PHYSICAL DESCRIPTION OF FATHER _____

Part 2 CONCEPTION INFORMATION

DATE OF CONCEPTION (MONTH, DAY, YEAR)	PLACE AND LOCATION OF CONCEPTION (Not limited to, but should include city and state)
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Part 3 MOTHER'S INFORMATION (If date of birth unknown, provide approximate age of mother)

FULL MAIDEN NAME OF MOTHER	FIRST	MIDDLE	MAIDEN SURNAME	
LEGAL SURNAME OF MOTHER	LEGAL SURNAME	DATE OF BIRTH		
ADDRESS OF MOTHER	STREET	CITY	STATE	ZIP CODE

PHYSICAL DESCRIPTION OF MOTHER _____

Part 4 CHILD'S INFORMATION (If exact date of birth unknown, provide estimated date of birth).

FULL NAME OF CHILD	FIRST	MIDDLE	LAST INCLUDING SUFFIX	SEX
DATE OF BIRTH	CITY OF BIRTH	COUNTY OF BIRTH	STATE OF BIRTH	

Fees are nonrefundable Quantity Amount

\$9.00 search fee includes the issuance of a certificate signed by the State Registrar certifying that:
 a) the identity and contact information, if any, for each registered unmarried biological father whose information matches the search request sufficiently so that such person may be considered a possible father of the subject child;
 OR
 b) that a diligent search has been made of the registry of registrants who may be the unmarried biological father of the subject child and that no matching registration has been located in the registry.

RUSH ORDERS (Optional): **\$10.00** additional fee per order. Check box and enter \$10.00 in Box if RUSH service desired.
 (Refer to information entitled Response Time) Envelope must be marked "RUSH". Yes No \$

TOTAL AMOUNT ENCLOSED : Check or money order payable to **Vital Statistics** in U.S. Dollars
(DO NOT SEND CASH)
Florida Law imposes an additional service charge of \$15 for dishonored checks
 \$

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

APPLICANT NAME/DELIVERY INFORMATION

<i>Applicant's Name</i> TYPE OR PRINT	FIRST	MIDDLE	LAST (INCLUDING ANY SUFFIX)	
DELIVERY ADDRESS (INCLUDE APT. NUMBER, IF APPLICABLE)	CITY	STATE	ZIP CODE	
HOME PHONE NUMBER INCLUDING AREA CODE ()	WORK PHONE NUMBER INCLUDING AREA CODE ()	SIGNATURE OF APPLICANT X _____		
IF ATTORNEY or AGENCY, PROVIDE BAR/LICENSE NUMBER	IF ATTORNEY, PROVIDE NAME OF PERSON YOU REPRESENT AND THEIR RELATIONSHIP TO REGISTRANT			
IF THE CERTIFICATION IS TO BE MAILED TO ANOTHER PERSON OR ADDRESS USE THE SPACES BELOW TO SPECIFY SHIP TO NAME AND ADDRESS.				
<i>SHIP TO NAME</i> TYPE OR PRINT	FIRST	MIDDLE	LAST	SUFFIX
HOME PHONE NUMBER ()	SHIP TO STREET ADDRESS (AND APT.)			
WORK PHONE NUMBER ()	CITY	STATE	ZIP CODE	

NOTE: IF APPLICANT IS THE REGISTRANT (UNMARRIED BIOLOGICAL FATHER), THE AFFIDAVIT CONTAINED ON THE REVERSE SIDE OF THIS FORM MUST BE COMPLETED AND SIGNED BEFORE A NOTARIZING OFFICIAL AND THIS APPLICATION MUST BE ACCOMPANIED BY PICTURE IDENTIFICATION.

INFORMATION AND INSTRUCTIONS FOR FLORIDA PUTATIVE FATHER SEARCH

This form is to be used **only** when a search of the Putative Father Registry is requested. **DO NOT** use to file a Claim of Paternity. Use Claim of Paternity, DH Form 1965 for filing with the Florida Putative Father Registry.

NOTE: To enable us to conduct a thorough search, it is important that you provide as much information as known to you regarding the putative father, mother and child.

ELIGIBILITY: All information contained in the Florida Putative Father Registry is confidential and exempt from public disclosure. Information from the registry shall only be disclosed to:

- a) An adoption entity in connection with the planned adoption of a child.
- b) The registrant unmarried biological father, upon receipt of his notarized request.
- c) The court, upon issuance of a court order concerning a petitioner acting pro se in an action under this chapter.

"Adoption Entity" as defined in s. 63.032(3), Florida Statutes, means the department, an agency, a child-caring agency registered under s. 409.176 Florida Statutes, an intermediary, or a child-placing agency licensed in another state which is qualified by the department to place children in the State of Florida.

"Department" as defined in 63.032(8), Florida Statutes, means the Department of Children and Family Services.

"Agency" as defined in 63.032(5), Florida Statutes, means any child-placing agency licensed by the department pursuant to s. 63.202 to place minors for adoption.

"Intermediary" as defined in 63.032(9), Florida Statutes, means an attorney who is licensed or authorized to practice in this state and who is placing or intends to place a child for adoption, including placing children born in another state with citizens of this state or country or placing children born in this state with citizens of another state or country.

RESPONSE TIME: Response time for processing a request varies depending upon our workload at the time your request is received. Generally, a request is completed within five work days. RUSH processing is available for those who need assurance of faster service. Orders received in an envelope marked RUSH and with the \$10.00 RUSH fee will be given priority over other pending work; however, no certification can be issued until all requirements, forms, applicable fees and appropriate signatures have been received and meet the criteria as established by law or in rules of the department.

To be used only when the applicant is a Putative Father who has filed a Claim of Paternity

NOTARIZED AFFIDAVIT OF PUTATIVE FATHER (REGISTRANT UNMARRIED BIOLOGICAL FATHER)

<p><i>I do swear or affirm that I am the registrant and request search of the Florida Putative Father Registry for a copy of my registry entry. I have attached a copy of photo identification.</i></p>		<input type="checkbox"/> Personally Known or <input type="checkbox"/> Produced Identification
<p>_____</p> <p>Printed Name of Registrant</p>	<p>_____</p> <p>Type of Identification Produced</p>	
<p>_____</p> <p>Signature of Registrant</p>	<p>(Place Notary Stamp Here)</p>	
<p>State of _____</p> <p>County of _____</p> <p>Subscribed and sworn before me this _____ day of _____, 20 _____</p>	<p>_____</p> <p>Printed Name of Notarizing Official</p>	
<p>_____</p> <p>Signature of Notarizing Official</p>		

MAIL TO: DEPARTMENT OF HEALTH, VITAL STATISTICS, P.O. BOX 210, Jacksonville, FL 32231-0042
http://www.doh.state.fl.us/planning_eval/vital_statistics/Putative.htm