

JFS 01694-I INSTRUCTIONS FOR REGISTRATION FORM FOR FATHERS

Read and follow carefully:

- A. Under Ohio law, a “putative father” is a male who may be a child’s father, but who is not married to the child’s mother on or before the date that the child is born; or who has not established paternity of the child in a court proceeding before the filing of an adoption petition for the child.
- B. If you believe you may be a putative father, and if you wish to be notified of an adoption proceeding involving a child of whom you are, or may be, the father, you should complete the Putative Father Registration form (JFS 01694) and return it to the Ohio Putative Father Registry.
- C. It is your responsibility to be sure that the information contained on the form is accurate and complete. If you fail to provide accurate information, you may not receive notice of the child’s adoption, and you may lose any parental rights you might have in relation to the child.
- D. The address you provide must be an address at which you can be contacted. A post office box is not acceptable. If you cannot be contacted at the address you provide, you may not receive notice of an adoption and you may lose any rights you may have had in relation to the child.
- E. If you do not have an address where you can receive notice of an adoption, you may designate another person as your agent.
- F. **IMPORTANT!** If your address or any other information on the form changes, you must file an amended registration form immediately. Your failure to do so could cause you to lose the opportunity to receive notice of an adoption and to lose any parental rights you may have in relation to the child.
- G. **IMPORTANT!** In order for you to receive notice of an adoption, you must register no later than 30 days after the birth of the child. You **MAY** register prior to the birth of the child.
- H. If you have questions about your rights as a putative father, you should consult an attorney.
- I. You must submit the completed, signed, and notarized form either in person, by mail, or express delivery service to:

MAILING ADDRESS	STREET ADDRESS
<p>Ohio Department of Job and Family Services Ohio Putative Father Registry P. O. Box 182709 Columbus, Ohio 43218-2709</p>	<p>Ohio Department of Job and Family Services Ohio Putative Father Registry 50 W. Town Street, Suite 400 Columbus, Ohio 43215</p> <p>*DO NOT SEND MAIL TO THIS ADDRESS*</p>

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
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

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 the 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 Human Services
50 w. Town Street, 5th Floor, Suite 400
Columbus, OH 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 this 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