



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**REQUEST FOR SEARCH OF
 PUTATIVE FATHER REGISTRY**

MAIL TO:
 DHSS - BUREAU OF VITAL RECORDS
 930 WILDWOOD DR.
 JEFFERSON CITY, MISSOURI 65109

REVIEW INSTRUCTIONS - Please PRINT or TYPE. If any item is not known or has not yet occurred, provide best estimate. Leaving some items blank, may result in a rejection. Original, notarized form must be mailed. Section 192.016, RSMo, requires the Missouri Department of Health and Senior Services to establish a "Putative Father Registry" which allows a father of an out-of-wedlock child to file a Notice of Intent to Claim Paternity. The registry, upon request, can be searched by specifically authorized entities. Registry information may not be released to any other person or entity except upon receipt of a certified court order. The Department is to "provide the names and addresses of persons listed with the registry to any court or authorized agency, or entity or person named in section 453.014, RSMo".

Those named in Section 453.014, RSMo, include:

- 1) The Children's Division of the Department of Social Services;
- 2) A child placing agency licensed pursuant to section 210.481 to 210.536, RSMo;
- 3) The child's parents, without the direct or indirect assistance of an intermediary, in the home of a relative of the child within the third degree;
- 4) An intermediary, who shall include an attorney, licensed pursuant to chapter 484 RSMo; a physician licensed pursuant to Chapter 334, RSMo; or a clergyman of the parents. The information shall not be divulged to any other person, except upon order of a court for good cause shown.

For more info, visit: www.health.mo.gov/vitalrecords or call the Bureau of Vital Records: 573-751-6387.

COMPLETED BY REQUESTOR

CHILD'S INFORMATION

CHILD'S FULL NAME FIRST		MIDDLE	LAST		SUFFIX	DATE OF BIRTH (MONTH/DAY/YEAR)
PLACE OF BIRTH CITY	COUNTY	STATE	SEX	HOSPITAL OF BIRTH		

MOTHER'S INFORMATION

MOTHER'S CURRENT FULL NAME FIRST	MIDDLE	LAST	LAST NAME PRIOR TO FIRST MARRIAGE
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FATHER'S INFORMATION

FATHER'S FULL NAME (IF POSSIBILITY OF MULTIPLE PUTATIVE FATHERS, LEAVE BLANK) FIRST				MIDDLE	LAST	SUFFIX
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AUTHORIZED AGENCY, ENTITY, OR PERSON

HOW IS THE REQUESTOR ENTITLED TO THE PUTATIVE FATHER REGISTRY INFORMATION? CHECK ONE:

<input type="checkbox"/> LICENSED ATTORNEY*	<input type="checkbox"/> CHILD'S MOTHER	<input type="checkbox"/> CHILD'S FATHER	<input type="checkbox"/> CLERGYMAN OF THE CHILD'S PARENT(S)*
<input type="checkbox"/> COURT	<input type="checkbox"/> DSS - CHILDREN'S DIVISION*	<input type="checkbox"/> LICENSED CHILD-PLACING AGENCY*	<input type="checkbox"/> LICENSED PHYSICIAN*

(IF APPLICABLE) NAME OF COURT, DSS-FAMILY SERVICES COUNTY, CHILD-PLACING AGENCY, OR LAW OFFICE OF REQUESTOR: _____

*ANY INDIVIDUAL IDENTIFYING AS SUCH IS HEREBY AFFIRMING THEIR COMPLIANCE WITH REQUIREMENTS OF SECTION 453.014.2, RSMO

REQUESTOR'S FULL NAME FIRST		MIDDLE	LAST
REQUESTOR'S MAILING ADDRESS NUMBER AND STREET AND/OR P.O. BOX	CITY	STATE	ZIP
			REQUESTOR'S PHONE NUMBER

SUBJECT TO THE PENALTY OF PERJURY, I DO SOLEMNLY DECLARE AND AFFIRM THAT I AM ELIGIBLE, PURSUANT TO SECTION 192.016, RSMO, TO SEARCH THE PUTATIVE FATHER REGISTRY AND THAT THE INFORMATION ON THIS REQUEST IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

REQUESTOR'S SIGNATURE (MUST BE SIGNED IN THE PRESENCE OF A NOTARY)	DATE (MM/DD/YYYY)
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NOTARY PUBLIC EMBOSSEER SEAL	STATE	COUNTY
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF 20	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

USE RUBBER STAMP IN CLEAR AREA BELOW

FOR STATE USE ONLY

INFORMATION ON REGISTRY - COMPLETED BY BUREAU OF VITAL RECORDS

	<input type="checkbox"/> NO PUTATIVE FATHER REGISTRY ENTRY WAS LOCATED FROM INFORMATION PROVIDED <input type="checkbox"/> BASED ON THE INFORMATION PROVIDED ABOVE, THE FOLLOWING NAME(S) AND ADDRESS(ES) WERE FOUND AS POSSIBLE MATCHES IN THE PUTATIVE FATHER REGISTRY:
ADDED BY:	ADDED BY:
<input type="checkbox"/> NOTICE OF INTENT/PA <input type="checkbox"/> COURT ORDER <input type="checkbox"/> DSS ORDER	<input type="checkbox"/> NOTICE OF INTENT/PA <input type="checkbox"/> COURT ORDER <input type="checkbox"/> DSS ORDER
DATE INFORMATION WAS ADDED TO REGISTRY:	DATE INFORMATION WAS ADDED TO REGISTRY: