

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**REQUEST/RESPONSE FOR NAME AND/OR ADDRESS
OF PARENT OF CHILD BORN OUT OF WEDLOCK**
(Print or type all information)

FORWARD ORIGINALS TO: New York State Office of Children and Family Services (OCFS) Putative Father Registry

REQUEST DATE: / /

REQUEST - (Please: one form per child)

REQUESTING AGENCY/COURT (Name and Address Required):		<p>OCFS, upon request, will provide the names and addresses of persons listed with the registry to any <u>New York State authorized agency or court</u>, and such information <u>shall not be divulged to any other person, except upon order of the court for good cause shown</u>. <i>Social Services Law 372-c Putative Father Registry.</i></p>	
SIGNATURE OF AGENCY/COURT OFFICIAL:	PRINT NAME OF AGENCY/COURT OFFICIAL:	AGENCY/COURT TEL. # (include Area Code): ()	
OTHER PARENT'S NAME:		OTHER PARENT'S SOCIAL SECURITY # (If known):	
BIRTH PARENT'S NAME:		BIRTH PARENT'S SOCIAL SECURITY # (If known):	
CHILD'S NAME:		CHILD'S DATE OF BIRTH: / /	

INSTRUCTIONS:

1. **COMPLETE ALL THE BOXES ABOVE.** If you complete this form online, print and then sign the form. If you complete a hard copy, please print neatly and sign in the AGENCY/COURT OFFICIAL box.
2. IF THE BIRTH PARENT DOES NOT NAME THE OTHER PARENT IN ANY AFFIDAVIT, OR IF THE OTHER PARENT'S NAME DOES NOT APPEAR ON THE CHILD'S BIRTH CERTIFICATE, LIST THE OTHER PARENT'S NAME AS **"UNKNOWN."**
3. MAIL ONLY **ONE (1)** COPY TO:

**New York State Office of Children and Family Services
Putative Father Registry
52 Washington Street, Room 332 North
Rensselaer, NY 12144**

OCFS Use Only: Do not write below this line

RESPONSE	<input type="checkbox"/> Not Registered	<input type="checkbox"/> Registered	STAFF INITIALS:	RESPONSE DATE: / /
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If a parent is registered, the printout of the registry page(s) will be attached, initialed, and dated by registry staff.