

Ohio Department of Job and Family Services
APPLICATION FOR SEARCH OF OHIO PUTATIVE FATHER REGISTRY

Ohio Putative Father Registry
P.O. Box 182709
Columbus, Ohio 43218-2709
Phone: 1-888-313-3100

Please perform a search of the Ohio Putative Registry. Please advise if a Putative Father Registration form is on file with respect to the mother, child or father identified below.

| SECTION I: IDENTIFYING INFORMATION ABOUT THE MOTHER | | |
|--|--------------|-------------|
| Mother's LAST Name | FIRST Name | MIDDLE Name |
| Social Security Number | Phone Number | |
| Date of Birth <i>(MM/DD/YY)</i> | Race | |
| Other names by which mother may be known 1. | 3. | |
| 2. | 4. | |
| Home Address | | |
| City | State | Zip Code |
| Mother's Mailing Address/Apt. <i>(If different than above)</i> | | |
| City | State | Zip Code |
| SECTION II: IDENTIFYING INFORMATION ABOUT THE FATHER | | |
| Father's LAST Name | FIRST Name | MIDDLE Name |
| Social Security Number | Phone Number | |
| Date of Birth <i>(MM/DD/YY)</i> | Race | |
| Other names by which father may be known 1. | 3. | |
| 2. | 4. | |
| Home Address | | |
| City | State | Zip Code |
| Father's Mailing Address/Apt. <i>(If different than above)</i> | | |
| City | State | Zip Code |

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: INFORMATION ABOUT INTERESTED PARTY REQUESTING SEARCH OF REGISTRY

| | |
|--|------------|
| Name of Firm or Agency (if applicable) | |
| Name of Person(s) Requesting Search | |
| Phone Number | Fax Number |

Person requesting search is

- Attorney Arranging Adoption of Minor
- Attorney Representing Mother of Minor
- Mother of Child
- Private Child Placing Agency (PCPA) or Attorney Representing PCPA (for the purpose of adoption)
- Public Children Services Agency (PCSA) or Attorney Representing PCSA (for the purpose of adoption)

SECTION V: REASON FOR SEARCH (TO BE COMPLETED BY PCSAS ONLY)

(select one)

- Termination of Parental Rights (TPR) Hearing: Date of TPR Hearing
- Permanent Custody Hearing: Date of Permanent Custody Hearing

| | | |
|--------------------------------------|-------|-----|
| Address for Notice of Search Results | | |
| City | State | Zip |

I certify that the information provided in this Search Request Form is true and correct to the best of my knowledge. I further certify that I am requesting this search of the Putative Father Registry to determine whether a putative father is registered in relation to the child referenced above, who is or may be the subject of an adoption petition, and the information obtained will be used for this purpose only.

| | |
|---|------|
| Signature of Individual Requesting Search | Date |
|---|------|

SECTION VI: TO BE COMPLETED BY THE OHIO PUTATIVE FATHER REGISTRY

| | |
|--------------------------------------|-------------|
| Date Request Received (MM/DD/YY) | ODJFS Staff |
| Search Request Record Locator Number | |
| Outcome | |