## 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 INFO	ORMATION A	BO	UT THE MOTHER	₹			
Mother's LAST Na				MI	DDLE Name			
G : 10 : N				DI N I				
Social Security Nu	imber			Phone Number				
Date of Birth (MM/DD/YY)				Race				
Other names by which mother may be known  1.								
1.				3.				
2.			4.					
Home Address								
			_					
City		State			Zip Code			
Mother's Mailing	Address/Apt. (If different that	n above)						
City	City		State			Zip Code		
	<b>IDENTIFYING INFO</b>	ORMATION A	ABO	UT THE FATHER				
SECTION II: Father's LAST Nat		ORMATION A FIRST Name	ABO	UT THE FATHER	MIDDLE N	ame		
Father's LAST Nat	me		ABO			ame		
	me		ABO	Phone Number		nme		
Father's LAST Nat	me ımber		ABO			ame		
Father's LAST National Social Security Number of Birth (MM)	me umber U/DD/YY)		ABO	Phone Number		nme		
Father's LAST National Social Security Number of Birth (MM)  Other names by with the security of the security Number of Birth (MM)	me ımber		ABO	Phone Number Race		ame		
Father's LAST National Social Security Number of Birth (MM)	me umber U/DD/YY)		ABO	Phone Number		ame		
Father's LAST National Social Security Number of Birth (MM)  Other names by with the security of the security Number of Birth (MM)	me umber U/DD/YY)		ABO	Phone Number Race		ame		
Social Security Nu  Date of Birth (MM  Other names by will)	me umber U/DD/YY)		ABO	Phone Number  Race  3.		ame		
Social Security Nu Date of Birth (MM Other names by will)  2. Home Address	me umber U/DD/YY)			Phone Number  Race  3.  4.				
Father's LAST National Social Security Number of Birth (MM)  Other names by with 1.	me umber U/DD/YY)		State	Phone Number  Race  3.  4.		Zip Code		
Father's LAST National Social Security Number of Birth (MM)  Other names by with the social Security Number of Birth (MM)  Other names by with the social Security Number of Birth (MM)  2.  Home Address	me umber U/DD/YY)	FIRST Name		Phone Number  Race  3.  4.				
Social Security Number of Birth (MM)  Other names by what is a second of the second of	me  Imber  I/DD/YY)  hich father may be known	FIRST Name	State	Phone Number  Race  3. 4.		Zip Code		
Father's LAST National Social Security Number of Birth (MM)  Other names by with the social Security Number of Birth (MM)  Other names by with the social Security Number of Birth (MM)  2.  Home Address	me  Imber  I/DD/YY)  hich father may be known	FIRST Name		Phone Number  Race  3. 4.				

JFS 01695 (Rev. 3/2008) Page 1 of 2

SECTION III: IDEN	TIFYING INFO	ORMATION AI	BOUT THE	CHILD				
Child's LAST Name		FIRST Name			MIDDLE Nam	e		
Race			Sex	☐ Ma	ale 🔲	Female		
Estimated Due Date of Mother (MM/YY)			Child's Date of Birth (MM/DD/YY)					
Child's Birthplace	City		I		State			
Hospital name, if any								
Birth Certified	Yes	□No	Multiple B	irth	Yes	□No		
		OUT INTERES	STED PARTY	Y REQUI	ESTING SEA	RCH OF REGISTRY		
Name of Firm or Agency (	if applicable)							
Name of Person(s) Reques	ting Search							
Phone Number			Fax Number	er		_		
Person Requesting Se	arch is		I					
1 0								
	Attorney Arrai	nging Adoption o	of Minor					
	Attorney Repr	esenting Mother	of Minor					
	Mother of Chi	ld						
		Placing Agency (						
	Public Childre	n Services Agen	cy (PCSA) or	Attorney	Representing	PCSA		
A 11 C N .: CG	1.0							
Address for Notice of Sear	ch Results							
Cita		Chan				7:		
City	State					Zip		
I contify that the in	formation provi	ided in this See	nah Dagnast	Form is	two and an	rrect to the best of my		
<u> </u>	-		-			r Registry to determine		
0	•					or may be the subject of		
an adoption petition,	_				•	or may be the subject of		
					Date			
Signature of Individual Requesting Search			Bute					
SECTION V: TO B	BE COMPLETE	D BY THE OH	IO PUTATIV	E FATH	ER REGIST	RY		
Date Request Received (M	M/DD/YY)			ODJFS S	Staff			
Search Request Record Lo	cator Number					_		
Outcome								

JFS 01695 (Rev. 3/2008) Page 2 of 2