

**Ohio Department of Job and Family Services
Ohio Putative Father Registry
255 E. Main Street, 3rd Floor
Columbus, Ohio 43215-5222
Phone: 1-888-313-3100**

APPLICATION FOR SEARCH OF OHIO PUTATIVE FATHER REGISTRY

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

IDENTIFYING INFORMATION ABOUT THE MOTHER:

Mother's		
LAST Name _____	FIRST Name _____	MIDDLE Name _____
Social Security Number _____	Phone Number (000100010000) _____	
Date of Birth (MM/DD/YY) _____	Race _____	
Other names by which mother may be known: _____		
Address Street Number _____	Street Name _____	
City _____	State _____	Zip _____
Mother's Mailing Address/Apt. (if different than above)		
Street Number _____	Street Name _____	
City _____	State _____	Zip _____

IDENTIFYING INFORMATION ABOUT THE FATHER:

Father's		
LAST Name _____	FIRST Name _____	MIDDLE Name _____
Social Security Number _____	Phone Number (000100010000) _____	
Date of Birth (MM/DD/YY) _____	Race _____	
Other names by which father may be known: _____		
Address Street Number _____	Street Name _____	
City _____	State _____	Zip _____
Father's Mailing Address/Apt. (if different than above)		
Street Number _____	Street Name _____	
City _____	State _____	Zip _____

IDENTIFYING INFORMATION ABOUT THE CHILD:

Child's LAST Name _____		FIRST Name _____	MIDDLE Name _____
Race _____	SEX CHECK ONE		<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (MM/DD/YY) _____	Estimated Due Date of Mother (MM/YY) _____		
Child's Birthplace City _____		State _____	
Hospital name, if any: _____			
<input type="checkbox"/> Birth Certified	<input type="checkbox"/> Father Certified By State	<input type="checkbox"/> Multiple Birth	

INFORMATION ABOUT INTERESTED PARTY REQUESTING SEARCH OF PUTATIVE FATHER REGISTRY:

If Firm or Agency, Name _____	
Name of Person(s) Requesting Search _____	
Phone Number (Enter as 000100010000) _____	Fax Number (Enter as 000/000/0000) _____
Person Requesting Search is:	
<input type="checkbox"/> Mother of Child	<input type="checkbox"/> Child Welfare Agency
<input type="checkbox"/> Attorney representing Mother of Child	<input type="checkbox"/> Attorney representing Child Welfare Agency
<input type="checkbox"/> Attorney arranging Adoption of Minor	
Address for Notice of Search Results	
Street Number _____	Street Name _____
City _____	State _____ Zip _____
I certify that the information provided in the 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 _____	

TO BE COMPLETED BY THE OHIO PUTATIVE FATHER REGISTRY:

Date Request Received (MM/DD/YY) _____	ODJFS Staff _____
Date of Search Request (MM/DD/YY) _____	Search Request Record Locator _____
Date Search Performed (MM/DD/YY) _____	ODJFS Staff _____
Outcome _____	
Registered (Name of Father) _____	Registration Record Locator _____