

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 (MM/DD/YY)	Race	
Other names by which mother may be known		
1.	3.	
2.	4.	
Home Address		
City	State	Zip Code
Mother's Mailing Address/Apt. (If different than above)		
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 (MM/DD/YY)	Race	
Other names by which father may be known		
1.	3.	
2.	4.	
Home Address		
City	State	Zip Code
Father's Mailing Address/Apt. (If different than above)		
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	
Hospital name, if any		State	
Birth Certified		Multiple Birth	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<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 <input type="checkbox"/> Attorney Arranging Adoption of Minor <input type="checkbox"/> Attorney Representing Mother of Minor <input type="checkbox"/> Mother of Child <input type="checkbox"/> Private Child Placing Agency (PCPA) or Attorney Representing PCPA <input type="checkbox"/> Public Children Services Agency (PCSA) or Attorney Representing PCSA		
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
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SECTION V: TO BE COMPLETED BY THE OHIO PUTATIVE FATHER REGISTRY

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