



# FLORIDA PUTATIVE FATHER REGISTRY

## UPDATE TO CLAIM OF PATERNITY

**USE THIS FORM FOR UPDATING INFORMATION PREVIOUSLY PROVIDED OR TO FILE A REVOCATION OF YOUR CLAIM OF PATERNITY**

*PLEASE READ ENTIRE FORM BEFORE COMPLETING - TYPE OR PRINT CLEARLY*

PLEASE IDENTIFY YOUR PURPOSE BY MARKING THE APPROPRIATE BOX BELOW. YOU MUST COMPLETE PARTS 1 & 3 OF THIS FORM REGARDLESS OF THE PURPOSE FOR FILING AS THIS INFORMATION IS REQUIRED TO ENABLE US TO LOCATE THE INITIAL CLAIM OF PATERNITY REGISTRATION.

- Change to Putative Father (Registrant) Information  
  Change to Agent/Representative Information  
  Change to Mother/Child Information  
 Conception Information  
  Revocation of Claim of Paternity (See reverse)

**Part 1 PUTATIVE FATHER'S (REGISTRANT) INFORMATION**

FULL NAME OF REGISTRANT	FIRST	MIDDLE	LAST INCLUDING ANY SUFFIX	DATE OF BIRTH
ADDRESS INFORMATION AS CURRENTLY ON FILE	RESIDENCE STREET ADDRESS (AND APT.)	CITY	STATE	ZIP CODE
<u>NEW ADDRESS INFORMATION</u>	RESIDENCE STREET ADDRESS (AND APT.)	CITY	STATE	ZIP CODE
<b>Current or Updated Phone Number</b>				

**Part 2 AGENT/REPRESENTATIVE APPOINTMENT** To receive notice of pending adoption, you MUST provide address information. This address cannot be a post office box. If you choose, you may designate another person as an agent or representative to receive notice of any termination of parental rights proceeding and/or adoption that is filed regarding the mother and child listed on this form. Said agent or representative MUST sign the acceptance of designation below in order to receive notice or service of process.

AGENT NAME AS CURRENTLY ON FILE	FIRST	MIDDLE	LAST INCLUDING ANY SUFFIX	DATE OF BIRTH
ADDRESS AS CURRENTLY ON FILE	RESIDENCE ST. ADDRESS (AND APT.)	CITY	STATE	ZIP CODE
<u>NEW AGENT FULL NAME</u>	FIRST	MIDDLE	LAST, INCLUDING ANY SUFFIX	DATE OF BIRTH
<u>NEW ADDRESS INFORMATION</u>	RESIDENCE STREET ADDRESS (AND APT.)	CITY	STATE	ZIP CODE
SIGNATURE OF AGENT OR REPRESENTATIVE			TELEPHONE CONTACT NUMBER	

**Part 3 Mother / Child Information**

FULL NAME OF MOTHER	FIRST	MIDDLE	LAST NAME, MAIDEN OR LEGAL	DATE OF BIRTH
ADDRESS AS CURRENTLY ON FILE	RESIDENCE STREET ADDRESS (AND APT.)	CITY	STATE	ZIP CODE
<u>NEW ADDRESS INFORMATION</u>	RESIDENCE STREET ADDRESS (AND APT.)	CITY	STATE	ZIP CODE
FULL NAME OF CHILD	FIRST	MIDDLE	LAST INCLUDING SUFFIX	SEX
CHILD'S - DATE OF BIRTH	CHILD'S - CITY OF BIRTH	CHILD'S - COUNTY OF BIRTH	CHILD'S - STATE OF BIRTH	
<b>Current or Updated Phone Number</b>				

**Part 4 CONCEPTION INFORMATION**

DATE OF CONCEPTION (MONTH, DAY, YEAR)	PLACE & LOCATION OF CONCEPTION (NOT LIMITED TO, BUT INCLUDING CITY & STATE)
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To provide false information for fraudulent purposes is a third-degree felony punishable by the terms and conditions as set forth in Florida Statutes

**Part 5 - Signature**

SIGNATURE OF APPLICANT <input type="checkbox"/> Registrant <input type="checkbox"/> Agent/Representative	DATE SIGNED
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**IF YOU WISH TO REVOKE YOUR CLAIM OF PATERNITY SEE REVERSE SIDE OF THIS FORM**  
 COMPLETE THIS SECTION ONLY IF YOU ARE REVOKING YOUR CLAIM OF PATERNITY FILED PURSUANT TO S. 63.054, FLORIDA STATUTES

Mail form to Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042  
 Visit our website : <http://www.floridahealth.gov>

Section 63.054(5) provides that, the registrant may, at any time prior to the birth of the child for whom paternity is claimed, execute a notarized written revocation of the claim of paternity previously filed with the Florida Putative Father Registry, and upon receipt of such revocation, the claim of paternity shall be deemed null and void. If the court determines that a registrant is not the father of the minor, the court shall order the department to remove the registrant's name from the registry.

**Part 5 FATHER'S REVOCATION OF CLAIM OF PATERNITY**

<p>This affidavit is filed for purpose of revocation of previous paternity claim made by me. I hereby claim, to the best of my knowledge, that the birth of the child named above has not occurred. I understand that upon receipt of this revocation that the claim of paternity previously filed by me and now maintained by the State Office of Vital Statistics, Florida Department of Health shall be deemed null and void.</p> <p>_____</p> <p>PRINTED NAME OF REGISTRANT</p> <p>_____</p> <p>SIGNATURE OF REGISTRANT</p>	<p><input type="checkbox"/> Personally Known or <input type="checkbox"/> Produced Identification</p> <p>_____</p> <p>Type of Identification Produced</p>
<p>State of _____ County of _____</p> <p>Subscribed and sworn before me this _____ day of _____, 20 _____</p> <p>_____</p> <p>PRINTED NAME OF NOTARIZING OFFICIAL</p> <p>_____</p> <p>SIGNATURE OF NOTARIZING OFFICIAL</p>	<p>(Place Notary Stamp Here)</p>

Please provide a contact phone number plus an alternate phone number where you or your agent/representative may be contacted should this office have any questions.

\_\_\_\_\_

Phone number

\_\_\_\_\_

Alternate phone number

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