FLORIDA PUTATIVE FATHER REGISTRY

APPLICATION FOR SEARCH

CAREFULLY READ the information provided on the reverse of this form. PLEASE PRINT CLEARLY

Part 1 PUTATIVE FATHER'S (REGISTRANT) INFORMATION (If date of birth unknown, provide approximate age of father)

FULL NAME OF REGISTRANT	FIRST	MIDDLE	LAST INCLUDING ANY SUFFIX	DATE OF BIRTH
ADDRESS OF REGISTRANT	STREET	CITY	STATE	ZIPCODE
PHYSICAL DESCRIPTION OF FATHER				

Part 2 CONCEPTION INFORMATION

DATE OF CONCEPTION (MONTH, DAY, YEAR)	**PLACE AND LOCATION OF CONCEPTION (Not limited to, but should include city and state)**

Part 3 MOTHER'S INFORMATION (If date of birth unknown, provide approximate age of mother)

FULL MAIDEN NAME OF MOTHER	FIRST	MIDDLE	MAIDEN SURNAME	
LEGAL SURNAME OF MOTHER	LEGAL SURNAME	DATE OF BIRTH		
ADDRESS OF MOTHER	STREET	CITY	STATE	ZIP CODE
PHYSICAL DESCRIPTION OF MOTHER				

Part 4 CHILD'S INFORMATION (If exact date of birth unknown, provide estimated date of birth)

FULL NAME OF CHILD	FIRST	MIDDLE	LAST INCLUDING SUFFIX	SEX
DATE OF BIRTH	CITY OF BIRTH	COUNTY OF BIRTH	STATE OF BIRTH	

The $9.00 search fee includes the issuance of a certificate signed by the State Registrar certifying that:

- The identity and contact information, if any, for each registered unmarried biological father whose information matches the search request sufficiently so that such person may be considered a possible father of the subject child;

OR

- That a diligent search has been made of the registry of putative fathers who may be the unmarried biological father of the subject child and that no matching registration has been located in the registry.

$ 9.00

RUSH ORDERS (Optional): For Rush Orders, there is a $10.00 additional fee per order. Check the appropriate box. If RUSH service is desired, enter $10.00 in the amount column. Mark your envelope **"RUSH"**. **RUSH SERVICE DESIRED** ☐ Yes ■ No

TOTAL AMOUNT ENCLOSED: Check or Money Order payable to Vital Statistics. International payments should be made by Cashiers Check or Money Order in U. S. Dollars**. (DO NOT SEND CASH)** ***Florida Law imposes an additional service charge of $15.00 for dishonored checks.***

Any person who willfully and knowingly provides any false information in a certificate, record, or report required by Chapter 382, Florida Statutes, or in an application or affidavit, or who obtains confidential information contained in any Vital Record under false or fraudulent purposes, commits a felony of the third degree, punishable as provided in Chapter 775, Florida Statutes.

APPLICANT NAME/DELIVERY INFORMATION

APPLICANT NAME	FIRST	MIDDLE	LAST	SUFFIX
DELIVERY ADDRESS (INCLUDE APT. NUMBER, IF APPLICABLE)		CITY	STATE	ZIP CODE
HOME PHONE NUMBER INCLUDING AREA CODE		WORK PHONE NUMBER INCLUDING AREA CODE	SIGNATURE OF APPLICANT	
IF ATTORNEY or AGENCY, PROVIDE BAR/LICENSE NUMBER		IF ATTORNEY, PROVIDE NAME OF PERSON YOU REPRESENT AND THEIR RELATIONSHIP TO CHILD		

IF THE CERTIFICATION IS TO BE MAILED TO ANOTHER PERSON OR ADDRESS USE THE SPACES BELOW TO SPECIFY SHIP TO NAME AND ADDRESS.

SHIP TO NAME TYPE OR PRINT	FIRST	MIDDLE	LAST	SUFFIX
DAYTIME PHONE NUMBER ( )	SHIP TO STREET ADDRESS (AND APT.)			
	CITY		STATE	ZIP CODE

DH 1963 (07/2012)
64V-1.016(1), Florida Administrative Code

INFORMATION AND INSTRUCTIONS FOR FLORIDA PUTATIVE FATHER SEARCH

This form is to be used **only** when a search of the Putative Father Registry is requested. **DO NOT** use to file a Claim of Paternity. Use Claim of Paternity, DH Form 1965, for filing with the Florida Putative Father Registry.

NOTE: To enable a thorough search it is important that you provide as much information as known regarding the putative father, mother and child.

ELIGIBILITY: All information contained in the Florida Putative Father Registry is confidential and exempt from public disclosure. Information from the registry shall only be disclosed to:

a) An adoption entity in connection with the planned adoption of a child.
b) The registrant unmarried biological father, upon receipt of his notarized request.
c) The court, upon issuance of a court order concerning a petitioner acting pro se in an action under Chapter 63, Florida Statutes.
d) Birth mother, upon receipt of a notarized request for a copy of any registry entry in which she is identified as the birth mother.

"Adoption Entity" as defined in s. 63.032(3), Florida Statutes, means the department, an agency, a child-caring agency registered under s. 409.176 Florida Statutes, an intermediary, or a child-placing agency licensed in another state which is qualified by the department to place children in the State of Florida.

"Department" as defined in 63.032(8), Florida Statutes, means the Department of Children and Family Services.

"Agency" as defined in 63.032(5), Florida Statutes, means any child-placing agency licensed by the department pursuant to s. 63.202 to place minors for adoption.

"Intermediary" as defined in 63.032(9), Florida Statutes, means an attorney who is licensed or authorized to practice in this state and who is placing or intends to place a child for adoption, including placing children born in another state with citizens of this state or country or placing children born in this state with citizens of another state or country.

The Bureau of Vital Statistics has no legislative requirement for following up with an applicant after the initial search and advising of any claim that has been received subsequent to the initial search. Depending on where you are at in the legal proceedings process, this may mean that you must again search the registry for filing with the court. Florida law requires that the registry be searched at the time a Petition for Termination of Parental Rights or adoption proceedings are filed.

RESPONSE TIME: Response time for processing a request varies depending upon our workload at the time your request is received. Generally, a request is completed within five work days. RUSH processing is available for those who need assurance of faster service. Orders received in an envelope marked RUSH and with the $10.00 RUSH fee will be given priority over other pending work; however, no certification can be issued until all requirements, forms, applicable fees and appropriate signatures have been received and meet the criteria as established by law or in rules of the department.

******To be used only when the applicant is a Putative Father who has filed a Claim of Paternity or Birth Mother******

NOTARIZED AFFIDAVIT OF PUTATIVE FATHER OR BIRTH MOTHER

I do hereby swear or affirm that I am the registrant and request search of the Florida Putative Father Registry for a copy of my registry entry. I have attached a copy of photo identification. _____ Printed Name _____ Signature	☐ **Personally Known or** ☐ **Produced Identification** _____ **Type of Identification Produced**
State of _____ **County of**_____ **Subscribed and sworn before me this** _____ **day of** _____**, 20** _____ _____ **Printed Name of Notarizing Official** _____ **Signature of Notarizing Official**	**(Place Notary Stamp Here))**

MAIL TO: DEPARTMENT OF HEALTH, VITAL STATISTICS, P.O. BOX 210, Jacksonville, FL 32231-0042
Visit our website at: http://www.floridahealth.gov