

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**REQUEST/RESPONSE FOR NAME AND/OR ADDRESS  
OF FATHER OF CHILD BORN OUT OF WEDLOCK**

(Print or type all information)

**FORWARD ORIGINALS TO:** New York State Office of Children and Family Services  
(OCFS) Putative Father Registry

REQUEST DATE: / /
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**REQUEST - (Please: one form per child)**

REQUESTING AGENCY/COURT (Name and Address Required):		<p><b>OCFS, upon request, will provide the names and addresses of persons listed with the registry to any <u>New York State authorized agency or court</u>, and such information <u>shall not be divulged to any other person, except upon order of the court for good cause shown</u>. <i>Social Services Law 372-c Putative Father Registry.</i></b></p>	
SIGNATURE OF AGENCY/COURT OFFICIAL:	PRINT NAME OF AGENCY/COURT OFFICIAL:	AGENCY/COURT TEL. # (include Area Code): (      )	
FATHER'S NAME:		FATHER'S SOCIAL SECURITY # (If known):	
MOTHER'S NAME:		MOTHER'S SOCIAL SECURITY # (If known):	
CHILD'S NAME:		CHILD'S DATE OF BIRTH: / /	

**INSTRUCTIONS:**

1. **COMPLETE ALL THE BOXES ABOVE.** If you complete this form online, print and then sign the form. If you complete a hard copy, please print neatly and sign in the AGENCY/COURT OFFICIAL box.
2. IF THE MOTHER DOES NOT NAME THE FATHER IN ANY AFFIDAVIT, OR IF THE FATHER'S NAME DOES NOT APPEAR ON THE CHILD'S BIRTH CERTIFICATE, LIST THE FATHER'S NAME AS "**UNKNOWN.**"
3. MAIL ONLY **ONE (1)** COPY TO:

**New York State Office of Children and Family Services  
NYSAS/Putative Father Registry  
52 Washington Street, Room 332 North  
Rensselaer, NY 12144**

**OCFS Use Only: Do not write below this line**

<b>RESPONSE</b>	<input type="checkbox"/> Not Registered <input type="checkbox"/> Registered	STAFF INITIALS:	RESPONSE DATE: / /
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**REGISTRY INFORMATION**

<b>DOCUMENT TYPE:</b> <input type="checkbox"/> Acknowledgement of Paternity <input type="checkbox"/> Court Order <input type="checkbox"/> Instrument to Acknowledge Paternity <input type="checkbox"/> Notice of Intent to Claim Paternity			
PUTATIVE FATHER'S NAME:	DATE OF BIRTH: / /	SOCIAL SECURITY NUMBER:	DATE REGISTERED: / /
ADDRESS:			
DATE OF COURT ORDER: / /	DOCKET NUMBER:	COURT:	