

Ohio Department of Job and Family Services  
**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.

<b>SECTION I: IDENTIFYING INFORMATION ABOUT THE MOTHER</b>		
Mother's LAST Name	FIRST Name	MIDDLE Name
Social Security Number	Phone Number	
Date of Birth <i>(MM/DD/YY)</i>	Race	
Other names by which mother may be known 1.	3.	
2.	4.	
Home Address		
City	State	Zip Code
Mother's Mailing Address/Apt. <i>(If different than above)</i>		
City	State	Zip Code
<b>SECTION II: IDENTIFYING INFORMATION ABOUT THE FATHER</b>		
Father's LAST Name	FIRST Name	MIDDLE Name
Social Security Number	Phone Number	
Date of Birth <i>(MM/DD/YY)</i>	Race	
Other names by which father may be known 1.	3.	
2.	4.	
Home Address		
City	State	Zip Code
Father's Mailing Address/Apt. <i>(If different than above)</i>		
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	State	
Hospital name, if any			
Birth Certified <input type="checkbox"/> Yes <input type="checkbox"/> No		Multiple Birth <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

- Attorney Arranging Adoption of Minor
- Attorney Representing Mother of Minor
- Mother of Child
- Private Child Placing Agency (PCPA) or Attorney Representing PCPA (for the purpose of adoption)
- Public Children Services Agency (PCSA) or Attorney Representing PCSA (for the purpose of adoption)

**SECTION V: REASON FOR SEARCH (TO BE COMPLETED BY PCSAS ONLY)**

(select one)

- Termination of Parental Rights (TPR) Hearing:      Date of TPR Hearing
- Permanent Custody Hearing:      Date of Permanent Custody Hearing

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 VI: TO BE COMPLETED BY THE OHIO PUTATIVE FATHER REGISTRY**

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