

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 ORIGINAL
TO:**
NYS OCFS
Putative Father Registry

REQUEST

(Please: One form per child)

REQUEST DATE:

FATHER'S NAME:	FATHERS SOCIAL SECURITY # (If Known):	REQUIRED	
CHILD'S NAME:	CHILD'S DATE OF BIRTH		
MOTHER'S NAME:	MOTHER'S SOCIAL SECURITY # (If Known):		
SIGNATURE OF AGENCY OFFICIAL: <b style="text-align: center;">REQUIRED	PRINT NAME OF AGENCY OFFICIAL:	AGENCY TEL. NO. (include Area Code):	

The department shall, upon request, provide the names and addresses of persons listed with the registry to any court or authorized NYS agency, and such information shall not be divulged to any other person, except upon order of a court for good cause shown. Social Service Law 372-c Putative Father Registry

INSTRUCTIONS:

1. COMPLETE ALL THE BOXES ABOVE. If you complete on-line, print and then sign the document. If you complete hard copy please print neatly and sign in the Agency 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:**

NYS-OCFS
NYSAS/Putative Father Registry
52 Washington Street, Room 323 North
Rensselaer, New York, 12144

RESPONSE

STAFF REGISTRAR – PUTATIVE FATHER REGISTRY:	RESPONSE DATE:
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REGISTRY INFORMATION

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