

**6 Pages**  
**\$.90**

Forms Associated with Florida Supreme Court Forms for Filing a

**FLORIDA PUTATIVE  
FATHER REGISTRY  
CLAIM OF PATERNITY  
(English)**

Revised August 1, 2015  
For Forms Revised 03-2015



# FLORIDA PUTATIVE FATHER REGISTRY CLAIM OF PATERNITY

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

## Part 1 PUTATIVE FATHER'S (REGISTRANT) INFORMATION TO BE INCLUDED IN PUTATIVE FATHER REGISTRY

FULL NAME OF FATHER	FIRST	MIDDLE	LAST INCLUDING ANY SUFFIX	DATE OF BIRTH
RESIDENCE STREET ADDRESS (AND APT.)		CITY	STATE	ZIP CODE
ALTERNATE/PHYSICAL ADDRESS (AND APT.), IF APPLICABLE		CITY	STATE	ZIP CODE
DAYTIME TELEPHONE (INCLUDING AREA CODE)		CELL PHONE NUMBER	FAX NUMBER	
PHYSICAL DESCRIPTION OF FATHER				

## Part 2 CONCEPTION INFORMATION

DATE OF CONCEPTION (MONTH, DAY, YEAR)	PLACE AND LOCATION OF CONCEPTION (Not limited to, but including city and state)
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Part 3 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.

PRINTED FULL NAME OF AGENT OR REPRESENTATIVE	FIRST	MIDDLE	LAST	SUFFIX
RESIDENCE STREET ADDRESS (AND APT.)		CITY	STATE	ZIP CODE
SIGNATURE OF AGENT OR REPRESENTATIVE				
DAYTIME TELEPHONE (INCLUDING AREA CODE)	CELL NUMBER	FAX NUMBER		

## Part 4 MOTHER'S INFORMATION (If date of birth unknown, provide approximate age of mother)

FULL NAME OF MOTHER	FIRST	MIDDLE	LAST, MAIDEN OR LEGAL	DATE OF BIRTH
RESIDENCE STREET ADDRESS (AND APT.)		CITY	STATE	ZIP CODE
PHYSICAL DESCRIPTION OF MOTHER				

## Part 5 CHILD'S INFORMATION (If date of birth unknown, provide estimated date OR anticipated date of delivery in case where birth has not yet occurred).

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

FEE FOR FILING & INDEXING YOUR CLAIM OF PATERNITY IN THE FLORIDA PUTATIVE FATHER REGISTRY Check or money order payable to Vital Statistics in U.S. Dollars (DO NOT SEND CASH)	<b>\$9.00</b>
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## PUTATIVE FATHER'S ACKNOWLEDGMENT

To provide false information for fraudulent purposes is a third-degree felony punishable by the terms and conditions as set forth in Florida Statutes

I hereby swear or affirm to the best of my knowledge and belief that I am the biological father of the child referenced above and submit to and will pay for DNA testing, if requested, as provided by law. I understand this information will be included in the Florida Putative Father Registry and by filing this claim of paternity I am confirming my willingness and intent to support the child referenced above in accordance with state law.	<input type="checkbox"/> Personally Known or <input type="checkbox"/> Provided ID
PRINTED NAME OF PUTATIVE FATHER	Type of Identification Produced
SIGNATURE OF PUTATIVE FATHER	
State of _____ County of _____	(Place Notary Stamp Here)
Subscribed and sworn before me this _____ day of _____, 20 _____	
PRINTED NAME OF NOTARIZING OFFICIAL	
SIGNATURE OF NOTARIZING OFFICIAL	

**IMPORTANT INFORMATION CONCERNING  
FLORIDA PUTATIVE FATHER REGISTRY - CLAIM OF PATERNITY**

**BACKGROUND AND PURPOSE** Section 63.054, Florida Statutes has provided for the establishment of a Putative Father Registry in the Office of Vital Statistics (OVS), Florida Department of Health (DOH). The purpose of the registry is to permit a man alleging to be the biological father of a child to assert his parentage, independent of the mother, and preserve his rights as a parent. This registry also may expedite adoptions of children whose biological fathers are unwilling to assume responsibility of their child. For purposes of this provision registrant means an “unmarried biological father”. If an unmarried biological father fails to take the actions that are available to him to establish a relationship with his child, his parental interest may be lost entirely, or greatly diminished, by his failure to timely comply with the available legal steps to substantiate a parental interest. Chapter 63, Florida Statutes governs adoption proceedings in Florida. Visit: <http://www.leg.state.fl.us/statutes/index.cfm>

A man is presumed to be the biological father if:

- The minor was conceived or born while the father was married to the mother;
- The minor is his child by adoption;
- The minor has been adjudicated by the court be his child, by the date a petition is filed for termination of parental rights.
- He has filed an affidavit of paternity by acknowledging paternity in conjunction with the child’s mother at the hospital at the time of child’s birth or by subsequently filing an acknowledgment of paternity in conjunction with the child’s mother with the Bureau of Vital Statistics both of which constitutes the establishment of paternity as provided for in section 742.10, Florida Statutes, by the date a petition is filed for termination of parental rights.

**The information provided herein is not designed to be legal advice. Questions concerning paternity, presumption of paternity, or rights and responsibilities of a parent should be directed to an attorney.**

**INFORMATION FOR COMPLETING CLAIM OF PATERNITY FORM** - Type or print neatly. This form **MUST** be signed under oath.

- All information in Part 1 concerning the father is required. Do not leave any of these items blank.
- Complete Parts 2, 4 & 5 to the best of your ability. The child’s name, date of birth, place of birth, and the mother’s maiden name are critical to linking the Claim of Paternity with an actual child. The more complete the information you provide, the more effective the paternity registry can be. If mother’s maiden name is unknown but her legal surname is known, please provide legal surname and indicate that name provided is legal surname. If you have named an agent/representative to act on your behalf, said agent or representative **MUST** file an acceptance of the designation, in writing, in order to receive notice or service of process.
- A Claim of Paternity may be filed any time prior to the birth **BUT** a claim of paternity may not be filed after the date a petition is filed for termination of parental rights.
- By filing this claim of paternity, the registrant expressly consents to submit and pay for DNA testing upon the request of any party, the registrant, or the adoption entity with respect to the child referenced in the claim of paternity.
- 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 and upon such revocation, the claim of paternity shall be deemed null and void. A Claim of Paternity - Update to Registration form is available for this purpose.
- 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.
- It is the obligation of the registrant or, if designated an agent or representative, to notify and update the information contained in the registry in OVS of any change of address or change in the designation of an agent or representative. A Claim of Paternity - Update to Registration form is available for this purpose.
- OVS will notify the registrant, in writing, of their receipt of a Claim of Paternity OR a Revocation filed on a Claim of Paternity - Update to Registration.
- Pursuant to s. 63.541, Florida Statutes, information in the registry is confidential and may only be released to:
  - a) an adoption entity, upon filing of a request for a diligent search of the Florida Putative Father Registry in connection with the planned adoption of a child,
  - b) the registrant unmarried biological father upon receipt of a notarized request for a copy of his registry entry,
  - c) the birth mother, upon receipt of a notarized request for a copy of any registry entry in which she is identified as the birth mother,
  - d) the court, upon issuance of a court order concerning a petitioner acting pro se in an action under this chapter.
- Florida law requires a fee of \$9.00 for filing an indexing a claim of paternity. Please make your check or money order payable to Vital Statistics. **DO NOT SEND CASH.** Florida Law imposes an additional service charge of \$15 for dishonored checks.

**Mail Claim of Paternity with payment to VITAL STATISTICS, P.O. BOX 210, Jacksonville, FL 32231-0042**

Visit our website at: [http://www.doh.state.fl.us/planning\\_eval/vital\\_statistics/Putative.htm](http://www.doh.state.fl.us/planning_eval/vital_statistics/Putative.htm)

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**OFFICE OF VITAL STATISTICS USE ONLY**

ACTUAL NAME OF CHILD	FIRST	MIDDLE	LAST	SUFFIX
DATE OF BIRTH (MM/DD/YYYY)	STATE FILE NUMBER	<input type="checkbox"/> Registration acceptance notice sent to registrant and date sent: <input type="checkbox"/> Revocation received date: <input type="checkbox"/> Revocation acceptance notice sent to registrant and date sent: <input type="checkbox"/> Notice of Termination of Parental Rights – Date received:		

# INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.915, DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS (03/15)

## When should this form be used?

This form should be used to inform the clerk and the other **party** of your current mailing and e-mail address(es) or **any change of address**. It is very important that the court and the other party in your case have your correct address.

A party not represented by an attorney may choose to designate e-mail address(es) for **service**. A primary and up to two secondary e-mail addresses can be designated. If you do so and the other party is represented by an attorney or has also designated e-mail address(es) for service, e-mail will be the **exclusive means of service**.

If there is any change in your mailing or e-mail address(es), you must complete a new form, file it with the clerk, and serve a copy on any other party or parties in your case.

## What should I do next?

This form should be typed or printed in black ink. After completing this form, you should **file** the original with the **clerk of the circuit court** in the county where your case is filed and keep a copy for your records. A copy of this form must be served on any other party in your case. **Service** must be in accordance with Florida Rule of Judicial Administration 2.516.

## IMPORTANT INFORMATION REGARDING E-FILING

The Florida Rules of Judicial Administration now require that all petitions, pleadings, and documents be filed electronically except in certain circumstances. **Self-represented litigants may file petitions or other pleadings or documents electronically; however, they are not required to do so.** If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida Rule of Judicial Administration 2.525, and you must follow the procedures of the judicial circuit in which you file. **The rules and procedures should be carefully read and followed.**

## IMPORTANT INFORMATION REGARDING E-SERVICE ELECTION

After the initial service of process of the petition or supplemental petition by the Sheriff or certified process server, the Florida Rules of Judicial Administration now require that all documents required or permitted to be served on the other party must be served by electronic mail (e-mail) except in certain circumstances. **You must strictly comply with the format requirements set forth in the Rules of Judicial Administration.**

**SELF-REPRESENTED LITIGANTS MAY SERVE DOCUMENTS BY E-MAIL; HOWEVER, THEY ARE NOT REQUIRED TO DO SO.** If a self-represented litigant elects to serve and receive documents by e-mail, the procedures must always be followed once the initial election is made.

To serve and receive documents by e-mail, you must designate your e-mail addresses by using the **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915, and you must provide your e-mail address on each form on which your signature appears. Please **CAREFULLY** read the rules and instructions for: **Certificate of Service (General)**, Florida Supreme Court Approved Family Law Form 12.914; **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915; and Florida Rule of Judicial Administration 2.516.

### **Where can I look for more information?**

**Before proceeding, you should read General Information for Self-Represented Litigants found at the beginning of these forms.** The words that are in **bold underline** in these instructions are defined there.

### **Special notes...**

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT,  
IN AND FOR OKALOOSA COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

and

\_\_\_\_\_  
Respondent.

**DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS**

I, *{full legal name}* \_\_\_\_\_, being sworn, certify that  
my current mailing address is: *{Street}* \_\_\_\_\_  
*{City}* \_\_\_\_\_, *{State}* \_\_\_\_\_ *{Zip}* \_\_\_\_\_  
*{Telephone No.}* \_\_\_\_\_ *{Fax No.}* \_\_\_\_\_.

I designate as my current e-mail address(es): \_\_\_\_\_  
\_\_\_\_\_

**I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing and e-mail address(es) and that all future papers in this lawsuit will be served at the address(es) on record at the clerk's office.**

I certify that a copy of this document was ( ) e-mailed ( ) mailed ( ) faxed  
( ) hand-delivered to the person(s) listed below on *{date}* \_\_\_\_\_.

**Other party or his/her attorney:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Designated E-mail Address(es): \_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party

STATE OF FLORIDA  
COUNTY OF OKALOOSA

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
*[Print, type, or stamp commissioned name of notary or clerk.]*

\_\_\_\_\_ Personally known  
\_\_\_\_\_ Produced identification  
Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in **all** blanks] This form was prepared for the: *{choose only one}* ( ) Petitioner ( ) Respondent

This form was completed with the assistance of:

*{name of individual}* \_\_\_\_\_,

*{name of business}* \_\_\_\_\_,

*{street}* \_\_\_\_\_,

*{city}* \_\_\_\_\_, *{state}* \_\_\_\_\_, *{zipcode}* \_\_\_\_\_, *{telephone number}* \_\_\_\_\_.