



FLORIDA PUTATIVE FATHER REGISTRY

UPDATE TO CLAIM OF PATERNITY

PLEASE READ ENTIRE FORM BEFORE COMPLETING - TYPE OR PRINT CLEARLY

THIS FORM MAY BE USED TO UPDATE REGISTRANT or AGENT/REPRESENTATIVE INFORMATION OR TO FILE A REVOCATION. PLEASE IDENTIFY YOUR PURPOSE BY MARKING THE APPROPRIATE BOX BELOW YOUR PURPOSE FOR THE UPDATE. YOU MUST COMPLETE PARTS 1 & 3 OF THIS FORM REGARDLESS OF THE PURPOSE FOR FILING. THIS INFORMATION REQUIRED TO ENABLE US TO LOCATE THE INITIAL REGISTRATION.

Change to Putative Father (Registrant) Information
 Change to Agent/Representative Information
 Revocation

Part 1 PUTATIVE FATHER'S (REGISTRANT) INFORMATION

FULL NAME OF REGISTRANT:	FIRST	MIDDLE	LAST INCLUDING ANY SUFFIX	DATE OF BIRTH
ADDRESS INFORMATION AS CURRENTLY ON FILE:	RESIDENCE STREET ADDRESS (AND APT.)	CITY	STATE	ZIP CODE
<u>NEW ADDRESS INFORMATION:</u>	RESIDENCE STREET ADDRESS (AND APT.)	CITY	STATE	ZIP CODE

PHYSICAL DESCRIPTION OF FATHER _____

Part 2 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.

AGENT NAME AS CURRENTLY ON FILE:	FIRST	MIDDLE	LAST INCLUDING ANY SUFFIX	DATE OF BIRTH
<u>NEW AGENT FULL NAME:</u>				
ADDRESS AS CURRENTLY ON FILE:	RESIDENCE STREET ADDRESS (AND APT.)	CITY	STATE	ZIP CODE
<u>NEW ADDRESS INFORMATION:</u>	RESIDENCE STREET ADDRESS (AND APT.)	CITY	STATE	ZIP CODE
SIGNATURE OF AGENT OR REPRESENTATIVE				

Part 3 Mother / Child Information

FULL NAME OF MOTHER:	FIRST	MIDDLE	MAIDEN, IF KNOWN or LEGAL SURNAME	DATE OF BIRTH
ADDRESS AS CURRENTLY ON FILE:	RESIDENCE STREET ADDRESS (AND APT.)	CITY	STATE	ZIP CODE
<u>NEW ADDRESS INFORMATION:</u>	RESIDENCE STREET ADDRESS (AND APT.)	CITY	STATE	ZIP CODE
FULL NAME OF CHILD:	FIRST	MIDDLE	LAST INCLUDING SUFFIX	SEX
CHILD - DATE OF BIRTH	CHILD - CITY OF BIRTH	CHILD - COUNTY OF BIRTH	CHILD - STATE OF BIRTH	

PHYSICAL DESCRIPTION OF MOTHER _____

Part 4 CONCEPTION INFORMATION

DATE OF CONCEPTION (MONTH, DAY, YEAR)	PLACE AND LOCATION OF CONCEPTION (NOT LIMITED TO, BUT INCLUDING CITY AND STATE)
---------------------------------------	---

Part 5 To provide false information for fraudulent purposes is a third-degree felony punishable by the terms and conditions as set forth in Florida Statutes

SIGNATURE OF APPLICANT <input type="checkbox"/> Registrant <input type="checkbox"/> Agent/Representative	DATE SIGNED
--	-------------

Part 6 FATHER'S REVOCATION OF CLAIM OF PATERNITY

<p>This affidavit is filed for purpose of revocation of previous paternity claim made by me. I hereby claim, to the best of my knowledge, that the birth of the child named above has not occurred. I understand that upon receipt of this revocation that the claim of paternity previously filed by me and now maintained by the State Office of Vital Statistics, Florida Department of Health shall be deemed null and void.</p> <p>_____ PRINTED NAME OF REGISTRANT</p> <p>_____ SIGNATURE OF REGISTRANT</p> <p>State of _____ County of _____</p> <p>Subscribed and sworn before me this _____ day of _____, 20____</p> <p>_____ PRINTED NAME OF NOTARIZING OFFICIAL</p> <p>_____ SIGNATURE OF NOTARIZING OFFICIAL</p>	<p style="text-align: center;"> <input type="checkbox"/> Personally Known or <input type="checkbox"/> Produced Identification </p> <p>_____ Type of Identification Produced</p> <p style="text-align: center;">(Place Notary Stamp Here)</p>
--	---

Mail to Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042
http://www.doh.state.fl.us/planning_eval/vital_statistics/Putative.htm