

The Virginia Putative Father Registry Registration Form

Type of Registration:

New Registration Updated Registration Withdrawal Registration

The Virginia Putative Father Registry does not establish paternity. The registration may be used to help establish paternity, but does not start the legal process to establish paternity.

Instructions:

- Please print or type. Detach. Place in the envelope provided and mail to:
The Virginia Putative Father Registry, Virginia Department of Social Services, 801 East Main Street, Richmond, VA 23219.
- Please complete all items. If an item is not known, enter "unknown." If the item does not apply, enter N/A (not applicable).

Putative Father's Identifying Information:

First Name: _____ Middle Name: _____ Last Name: _____
Also Known As: _____ Date of Birth: Month: _____ Day: _____ Year: _____
Social Security Number:* _____ Driver's License Number: _____
State That Issued Driver's License: _____ State ID Number: _____
Proof of Legal Residence: Type: _____ Number: _____
Permanent Home Address: Street: _____ City: _____ State: _____ Zip Code: _____
Current Mailing Address: Street: _____ City: _____ State: _____ Zip Code: _____
Telephone Number: Area Code: _____ - _____
Email Address: _____
Employer: _____ Occupation: _____
Ethnicity: _____ Race: _____
Father's Physical Description (Optional Response):
Height: __ Ft. __ in. Weight: _____ lbs. Hair Color: _____ Eye Color: _____ Identifying Marks: _____
State of Conception of Child (i.e. VA, NC, MD) _____ Location of Conception of Child (i.e. City): _____
Dates of Possible Conception: _____

Mother's Identifying Information (if known):

First Name: _____ Middle Name: _____ Last Name: _____
Also Known As: _____ Date of Birth: Month: _____ Day: _____ Year: _____
Approximate Age of Mother: _____
Permanent Home Address: Street: _____ City: _____ State: _____ Zip Code: _____
Current Mailing Address: Street: _____ City: _____ State: _____ Zip Code: _____
Telephone Number: Area Code: _____ - _____
Email Address: _____
Employer: _____ Occupation: _____
Ethnicity: _____ Race: _____
Mother's Physical Description (Optional Response):
Height: __ Ft. __ in. Weight: _____ lbs. Hair Color: _____ Eye Color: _____ Identifying Marks: _____

Child's Information (if known):

First Name: _____ Middle Name: _____ Last Name: _____
Also Known As: _____ Date of Birth: Month: _____ Day: _____ Year: _____
Gender: _____ Child's Place of Birth: (City and State) _____
Hospital Where Birth Occurred: _____
Estimated Due Date of Mother: _____

This information is true and accurate to the best of my knowledge. This form is signed under penalty of perjury (Class 5 Felony) punishable by fine, imprisonment or both:

Signed: _____
Putative Father

Date of Signature: _____

*Section 63.2-1251, *Code of Virginia* requires the submission of the social security number.
032-02-0500-01-eng (11/09)