

# Virginia Birth Father Registry Registration Form

Review each section and complete all items by printing or typing the information. If an item is not known, enter "unknown." If the item does not apply, enter "N/A" (not applicable). For questions, call 1-877-433-2339.

**For a timely registration, this original, signed form must be received by Virginia Department of Social Services within the timeframes established under VA Code § 63.2-1251.**

**Mail the completed and signed form to Virginia Department of Social Services, 801 East Main Street, Richmond, Virginia 23219.**

**The Virginia Birth 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.**

**Type of Registration:**     New Registration     Updated Registration     Withdrawal Registration

**PUTATIVE (BIRTH) FATHER'S INFORMATION**

First Name:		Middle Name:		Last Name:		Also Known As:	
Date of Birth (Month/Date/Year):		Social Security Number:*		Driver's License Number:		State that issued Driver's License:	
State ID Number:							
Proof of Legal Residence Type:				Number:		Ethnicity:	
						Race:	
Permanent Home Address							
Street:				City:		State:	
						Zip Code:	
Current Mailing Address							
Street/P.O. Box:				City:		State:	
						Zip Code:	
Telephone number:		Email address:		Employer:		Occupation:	
Father's Physical Description (optional response):							
Height: ___ ft. ___ in.		Weight: ___ lbs.		Hair Color:		Eye Color:	
						Identifying Marks:	
State of Conception: (i.e. VA, NC, MD)		Location of Conception of Child (i.e. City)			Dates of Possible Conception:		

**MOTHER'S INFORMATION**

First Name:		Middle Name:		Last Name:		Also Known As:	
Date of Birth(Month/Date/Year): or approximate age		Social Security Number:*		Driver's License Number:		State that issued Driver's License:	
State ID Number:							
Permanent Home Address							
Street:				City:		State:	
						Zip Code:	
Current Mailing Address							
Street/P.O. Box:				City:		State:	
						Zip Code:	
Telephone number:		Email address:		Employer:		Occupation:	
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/Date/Year):		Estimated due date of mother:		Gender:		Child's place of birth (City and State)	
Hospital where the birth occurred:							

**Signing a form known to include false or inaccurate information is perjury (Class 5 felony) and punishable by a fine, imprisonment, or both.**

**By signing this form, I signify the information provided is true and accurate to the best of my knowledge.**

Putative (Birth) Father's Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

How did you hear about the Virginia Birth Father Registry?  TV     Radio     Billboard     Other (specify): \_\_\_\_\_

\*Code of Virginia § 63.2-1251 requires submission of social security numbers.