## **Virginia Birth Father Registry Registration Form**

Review each section and <u>complete all items</u> 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, 5600 Cox Rd Glen Allen, Virginia 23060.

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	n: □Ne	w Registrati	on	□Upo	dated Regi	stration	n □With	ndrawal Re	gistration
<b>PUTATIVE (BIRTH)</b>	<b>FATHER</b>	'S INFORM	ATION						
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				Ethnicity: F			e:		
Type: Number:									
Permanent Home Add	ress								
Street:		City:			State: Zip Code:				
Current Mailing Addres	SS								
Street/P.O. Box:				City:			State: Zip Code:		
Telephone number:	phone number: Email addres		Employer:		Occupa	pation:			
Father's Physical Desc	ription (op	tional respon	se):						
Height:ftin. \					Eye Color	r:	Identifying	Marks:	
	tate of Conception: Location of Conception of Child .e. VA, NC, MD) Location of Conception of Child (i.e. City)								
MOTHER'S INFORM	MATION								
First Name:		Middle Name	э:		Last Nar	ne:	Α	Also Known	As:
Date of Birth(Month/Date/Year) or approximate age		r): Social Security Number:*		Driver's License Number:			State that issued Driver's License:  State ID Numb		State ID Number:
Permanent Home Addı	ress								L
Street:		City:			State: Zip Code:				
Current Mailing Address	SS								
Street/P.O. Box:				City:			State: Zip Code:		
Telephone number:	Email address: Empl			loyer:	oyer: Occup		ation:		
Mother's Physical Desc	cription (op	tional respon	se):		l.				
Height:ftin. \	Color:	Eye Color:			Identifying Marks:				
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 birt (City and State)		Hospital where the occurred:		vhere the birth
Signing a form known fine, imprisonment, or		e false or ina	ccurate	e infor	mation is p	perjury	(Class 5 feld	ony) and pu	nishable by a
By signing this form, I		e informatio	n provi	ided is	true and a	ccurate	to the best	of my kno	wledge.
Putative (Birth) Father's			•					-	e:
How did you hear about the \	•		? 🗆 TV	□ Ra	dio 🗆 Billho	oard $\square$		_	
j	3		• •				· · · · · · · · · · · //		

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