

Virginia Department of Social Services

The Virginia Putative Father Registry

Request to Search Form

Please print or type

Name of Person Requesting Search _____
Law Firm or Agency Name _____
Address _____ City _____, State _____, Zip Code _____
Phone Number _____ Fax Number _____
Email Address _____

Select status to search the registry. Information in the Putative Father Registry is confidential may be release upon request to:

- Mother of the child
- Attorney representing a party in an adoption, custody or paternity proceeding
- A party to an adoption, custody or paternity proceeding
- Attorney representing a party in a termination of parental rights proceeding
- A party to a termination of parental rights proceeding
- Child Placing Agency/Local Department of Social Services
- Court or person designated by the court
- Other State Putative Father Registry
- Support Enforcement
- Child's guardian ad litem

The Virginia Putative Father Registry does not establish paternity. The registration may be used to help establish paternity. Section 63.2-1250 Code of Virginia requires the child-placing agency or adoptive parent(s) to give notice of a proceeding for adoption or termination of parental rights regarding, a child to a registrant who has timely registered.

I certify that I am authorized as selected from the list above as a person or representative of an agency to request a search of the Virginia Putative Father Registry.

Signature of Requestor

Date of Signature

State _____

City/County _____

Sworn and subscribe before me. This _____ day of _____, 20____.

Notary Public _____ My commission expires: _____.

032-02-0501-02-eng (08/12)

The Virginia Putative Father Registry Search Form

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 and send to:
The Virginia Putative Father Registry, Virginia Department of Social Services, 801 East Main St., 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 ability. This form is signed under penalty of perjury (Class 5 Felony) punishable by fine, imprisonment or both:

Signed: _____ Date: _____