



**NOTICE OF INTENT TO CLAIM PATERNITY  
PUTATIVE FATHER REGISTRY**

**PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING THIS FORM**

This is a legal document. Type or print everything except your signature. Use BLACK ink only. Please complete all items. If an item is not known, provide best estimate.

- A man who is not married to his child’s mother may acknowledge paternity by completing this form in the presence of a notary public.
- Filing this notice creates an official record of the man’s claim to be father of a child.
- An alleged father may not receive a copy of a child’s birth certificate unless his name appears on the child’s record.
- Completing this form will not add the father’s name to his child’s record.
- A father’s name can be added to his child’s record (if no other man’s name appears on the record) by the mother and father completing an “Affidavit Acknowledging Paternity” form or by court order.
- Once you have filed a notice of intent to claim paternity, you must notify the registry of any changes of address.
- This notice may be revoked at any time by submitting a “Revocation of Notice of Intent to Claim Paternity” to the Bureau of Vital Records at the address above.

For more info, visit [www.health.mo.gov/vitalrecords](http://www.health.mo.gov/vitalrecords) or call the Bureau of Vital Records at 573-751-6387.

**CHILD’S INFORMATION**

CHILD’S FULL NAME FIRST	MIDDLE	LAST	DATE OF BIRTH (MONTH/DAY/YEAR)
PLACE OF BIRTH (CITY, COUNTY, STATE)		SEX	HOSPITAL OF BIRTH

**MOTHER’S INFORMATION**

MOTHER’S FULL NAME FIRST	MIDDLE	LAST	LAST NAME PRIOR TO FIRST MARRIAGE	PLACE OF BIRTH (CITY, STATE)
DATE OF BIRTH (MONTH/DAY/YEAR)	SOCIAL SECURITY NUMBER	EDUCATION (HIGHEST GRADE COMPLETED)	RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER (SPECIFY): _____	
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER (PLEASE INCLUDE AREA CODE)	EMPLOYER	

**FATHER’S INFORMATION**

FATHER’S FULL NAME FIRST	MIDDLE	LAST	PLACE OF BIRTH (CITY, STATE)
DATE OF BIRTH (MONTH/DAY/YEAR)	SOCIAL SECURITY NUMBER	EDUCATION (HIGHEST GRADE COMPLETED)	RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER (SPECIFY): _____
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER (PLEASE INCLUDE AREA CODE)	EMPLOYER

I have received written or oral notice regarding the Putative Father Registry, and I understand my alternatives and the time limits for filing. I understand the responsibilities that arise from signing this acknowledgment as explained in the pamphlet. I swear I am the natural father of the child named above and it is my intent to claim paternity of this child. I am requesting that this acknowledgment be registered with the “Putative Father Registry” maintained by the Missouri Department of Health and Senior Services.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b> ►	FATHER’S SIGNATURE	DATE SIGNED
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NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>		