



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**REQUEST FOR SEARCH OF
 PUTATIVE FATHER REGISTRY**

Forward original request to:
 MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF VITAL RECORDS
 P.O. BOX 570
 JEFFERSON CITY, MO 65102-0570

Section 192.016 RSMo requires the Missouri Department of Health and Senior Services to establish a putative father registry which allows a father of an out-of-wedlock child to file a notice of intent to claim paternity. Upon request, the Department is to "provide the names and addresses of persons listed with the registry to any court or authorized agency, or entity or person named in section 453.014 RSMo". Those named in section 453.014 RSMo include:

- 1) The Division of Family Services of the Department of Social Services;
- 2) A child placing agency licensed pursuant to section 210.481 to 210.536, RSMo;
- 3) The child's parents, without the direct or indirect assistance of an intermediary, in the home of a relative of the child within the third degree;
- 4) An intermediary, which shall include an attorney licensed pursuant to chapter 484 RSMo; a physician licensed pursuant to Chapter 334, RSMo; or a clergyman of the parents.

The information shall not be divulged to any other person, except upon order of a court for good cause shown.

PLEASE PRINT OR TYPE SECTION ONE - COMPLETED BY REQUESTING AGENT

CHILD'S INFORMATION

CHILD'S NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH (MONTH/DAY/YEAR)
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PLACE OF BIRTH (CITY, COUNTY, STATE)	HOSPITAL OF BIRTH
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MOTHER'S INFORMATION

NAME (FIRST, MIDDLE, LAST)	MAIDEN
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FATHER'S INFORMATION

NAME (FIRST, MIDDLE, LAST)

AUTHORIZED AGENCY, ENTITY OR PERSON

NAME OF REQUESTING AGENCY	AGENCY CAUSE NO.
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NAME OF REQUESTING AGENT, ENTITY OR PERSON	TITLE OF AGENT
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SIGNATURE OF AGENT, ENTITY OR PERSON	DATE
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IF RELATIVE, HOW RELATED? SPECIFY (MOTHER, FATHER, BROTHER, SISTER, GRANDMOTHER, GRANDFATHER)

IF INTERMEDIARY, CHECK ONE: LICENSED ATTORNEY LICENSED PHYSICIAN CLERGY OF THE PARENT

CURRENT MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER
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SECTION TWO - COMPLETED BY BUREAU OF VITAL RECORDS

A NOTICE OF INTENT TO CLAIM PATERNITY FILED WITH BUREAU: YES NO A FATHER'S NAME APPEARS ON CHILD'S BIRTH CERTIFICATE: YES NO

IF FATHER'S NAME APPEARS ON CHILD'S BIRTH CERTIFICATE, INDICATE PROCEDURE USED
 ORIGINALLY FILED WITH FATHER'S NAME ADDED BY COURT ORDER ADDED BY AFFIDAVIT ACKNOWLEDGING PATERNITY ADDED BY DSS ORDER OTHER

DATE A NOTICE OF INTENT WAS FILED WITH THE BUREAU (MONTH/DAY/YEAR)	DATE CHANGE OF ADDRESS WAS REGISTERED (MONTH/DAY/YEAR)
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ADDITIONAL COMMENTS

INFORMATION ON REGISTRY

CHILD'S INFORMATION

CHILD'S NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH (MONTH/DAY/YEAR)
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PLACE OF BIRTH (CITY, COUNTY, STATE)	HOSPITAL OF BIRTH
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MOTHER'S INFORMATION

NAME (FIRST, MIDDLE, LAST)	MAIDEN
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CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)

FATHER'S INFORMATION

NAME (FIRST, MIDDLE, LAST)

CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)
