Ohio Department of Job and Family Services

APPLICATION FOR SEARCH OF OHIO PUTATIVE FATHER REGISTRY

Ohio Putative Father Registry
P.O. Box 183204
Columbus, Ohio 43218
Phone: 1-888-313-3100 / Fax: (614) 728-6726
OhioPFR@jfs.ohio.gov

Please perform a search of the Ohio Putative Registry. Please advise if a Putative Father Registration form is on file with respect to the mother, child or father identified below.

SECTION I: IDENTIFYING INFORMATION ABOUT THE MOTHER		
Mother's LAST Name	FIRST Name	MIDDLE Name
Social Security Number	Phone Number	
Date of Birth *(MM/DD/YY)*	Race	
Other names by which mother may be known 1.	3.	
2.	4.	
Home Address		
City, State, Zip		
Mother's Mailing Address/Apt. *(If different than above)*		
City, State, Zip		

SECTION II: IDENTIFYING INFORMATION ABOUT THE FATHER		
Father's LAST Name	FIRST Name	MIDDLE Name
Social Security Number	Phone Number	
Date of Birth *(MM/DD/YY)*	Race	
Other names by which father may be known 1.	3.	
2.	4.	
Home Address		
City, State, Zip		
Father's Mailing Address/Apt. *(If different than above)*		
City, State, Zip		

SECTION III: IDENTIFYING INFORMATION ABOUT THE CHILD

Child's LAST Name	FIRST Name	MIDDLE Name

Race	Sex ☐ Male ☐ Female

Estimated Due Date of Mother *(MM/YY)*	Child's Date of Birth *(MM/DD/YY)*

Child's Birthplace City State	Hospital Name, if any

Birth Certified ☐ Yes ☐ No	Multiple Birth ☐ Yes ☐ No

SECTION IV: INFORMATION ABOUT INTERESTED PARTY REQUESTING SEARCH OF REGISTRY

Name of Firm or Agency *(if applicable)*

Name of Person(s) Requesting Search	Email Address

Phone Number	Fax Number

Address for Results to be Sent to:

City, State, Zip

Person requesting search is:

- ☐ Attorney Arranging Adoption of Minor
- ☐ Mother of Child
- ☐ Public Children Services Agency (PCSA)
- ☐ Private Child Placing Agency (PCPA)
- ☐ Private Non-custodial Agency (PNA)

Reason for search is:

- ☐ Termination of Parental Rights (TPR) Hearing: Date of TPR Hearing _____
- ☐ Permanent Custody Hearing: Date of Permanent Custody Hearing _____
- ☐ Private Adoption Date of Permanent Surrender or Consent _____
- ☐ Other Reason _____

I certify that the information provided in this Search Request Form is true and correct to the best of my knowledge. I further certify that I am requesting this search of the Putative Father Registry to determine whether a putative father is registered in relation to the child referenced above, who is or may be the subject of an adoption petition, and the information obtained will be used for this purpose only.

Signature of Individual Requesting Search	Date

SECTION VI: TO BE COMPLETED BY THE OHIO PUTATIVE FATHER REGISTRY

Date Request Received *(MM/DD/YY)*	Search Request Record Locator Number

Date Response sent to Agency/Attorney	Response Sent to Father ☐ YES ☐ NO ☐ N/A	Date Response Sent to Father