

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		

