

Putative Father Registration

(Effective October 1, 1998)

INSTRUCTIONS: Please **print or type** the following information, which is confidential except as provided by law.

Your full legal name: _____

Social Security Number: _____ Birth Date: _____

If you are an Indian, what is your tribal affiliation: _____

Address at which you want legal notices to be sent: _____

If above address is not your address, name of the person at this address to whom the notice should be sent:

Legal name of the mother of the child: _____

Any other names she may use: _____

Her Social Security Number, if known: _____

Her birth date, if known: _____

Her address, if known: _____

Child's name, if known: _____

Location (City/State) of child's birth, if known: _____

Location (City/State) and date of possible conception of child: _____

If your address changes, it is your responsibility to update the Vital Statistics Bureau with a current address at which you will receive legal notices.

This form may be mailed, faxed or delivered to the Vital Statistics Bureau, Department of Public Health and Human Services, PO Box 4210, 111 N Sanders, Room 205, Helena, MT 59601, FAX (406) 444-1803.

If you want to protect your right to receive notice of a hearing regarding your child, submit this form promptly. The form must be **RECEIVED** not later than 72 hours after the birth of the child. **If you fail to register for a specific child within 72 hours of the birth of that child, you may lose all parental rights to that child.**

You may file with the registry even though you have no actual knowledge that a pregnancy has occurred or a child has been born.

Information provided to the registry may be used for purposes of establishing a child support obligation.

Signature: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

(SEAL)

Printed Name: _____

Notary Public for the State of Montana

Residing at: _____

My commission expires: _____