|  |
| --- |
| This form is used by a birth mother to notify the Cabinet of a potential putative father. The Cabinet will make efforts to notify the potential putative father of the opportunity to register with the Kentucky Putative Father Registry. |
| Part 1: Potential Putative Father Information |

|  |  |  |
| --- | --- | --- |
| First | Middle | Last |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth:  (if known) |  | Place of Birth:  (If known) |  |  |  |
| Place of Residence: |  | | |
| Current Mailing Address: |  | | |

|  |
| --- |
| Part 2: Birth Mother Information |

|  |  |  |  |
| --- | --- | --- | --- |
| First | Middle | Last | Maiden |

|  |  |  |  |
| --- | --- | --- | --- |
| Other possible names: |  | | |
| Date of Birth: |  | Place of Birth: |  |
| Place of Residence: |  | | |
| Current Mailing Address: |  | | |
| E-mail Address: |  | | |

|  |
| --- |
| Part 3: Child Information (If date of birth is unknown, provide estimated or anticipated date of delivery.) |

|  |  |  |
| --- | --- | --- |
| First | Middle | Last |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth: |  | Place of Birth: |  | Gender: |  |

|  |
| --- |
| I hereby state that I am or will be the birth mother of the above child and that the child is not over twenty-one (21) days old.  Printed Name  Signature |

Mail Request: Cabinet for Health and Family Services

ATTN: PUTATIVE FATHER REGISTRY

275 East Main Street, 3C-E

Frankfort, KY 40621

Or email request: putativefather@ky.gov