

**Commonwealth of Kentucky Putative Father Registry
BIRTH MOTHER NOTIFICATION OF PUTATIVE FATHER**

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 40261

Or email request:

putativefather@ky.gov