

**Commonwealth of Kentucky Putative Father Registry
PUTATIVE FATHER REGISTRATION FORM**

Part 1: Putative Father (Registrant) Information				
FULL NAME:	First	Middle	Last (Including any suffix)	
Date of Birth:		Place of Birth:		
Place of Residence:				
Current Mailing Address:				
E-mail Address:				
Part 2: Birth Mother Information				
FULL NAME:	First (REQUIRED)	Middle	Last (REQUIRED)	Maiden
Other possible names:				
Date of Birth:		Place of Birth:		
Place of Residence:				
Current Mailing Address:				
Part 3: Child Information (If date of birth is unknown, provide estimated or anticipated date of delivery.)				
FULL NAME:	First	Middle	Last	
Date of Birth:		Place of Birth:	Gender:	
Estimated Date of Conception:				

PUTATIVE FATHER ACKNOWLEDGMENT

I understand that this information will be included in the Kentucky Putative Father Registry. I understand that the Cabinet may use this information to establish reasonable efforts in accordance with 922 KAR 1:330 or permanency services in accordance with 922 KAR 1:140 in a child protection case. I agree to submit an amended DPP-1304 when information I have previously provided changes. I understand that providing false information is punishable by the terms and conditions as set forth in KRS 199.990.

Printed Name of Putative Father

Signature of Putative Father

Date of Submission

Commonwealth of Kentucky Putative Father Registry
PUTATIVE FATHER REGISTRATION FORM

PUTATIVE FATHER AMENDMENT

To comply with KRS 199.503, a putative father is required to provide updated information any time the information that they previously submitted has changed.

I have acknowledge the earlier submission of this form and would like to amend my registration as follows:

Reason for amendment

Signature

Date of Amendment

PUTATIVE FATHER REVOCATION

In accordance with KRS 199.503, a putative father may revoke registration at any time by completing the following section and resubmitting to the cabinet address provided below.

I have acknowledge the earlier submission of this form and would now like to revoke my registration regarding the above child /information.

Printed Name

Signature

Date of Revocation

Notary is required for revocation:

State of _____ County of _____

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

Signature of Notarizing Official

Mail Registration:

Cabinet for Health and Family Services
ATTN: PUTATIVE FATHER REGISTRY
275 East Main Street, 3C-E
Frankfort, KY 40261

OR

Email Registration:

putativefather@ky.gov

Commonwealth of Kentucky Putative Father Registry
PUTATIVE FATHER REGISTRATION FORM

.....
Cabinet for Health and Family Services Use Only

ACTUAL NAME OF CHILD:	First	Middle	Last
Date of Birth:			
Registration Number:			
Registration acceptance notice sent to registrant and date sent:			
Revocation received date:			
Revocation acceptance sent to registrant and date sent:			
Notice of Termination of Parental Rights - date received:			