



INDIANA PUTATIVE FATHER REGISTRATION

State Form 46750 (R3 / 1-11)

This form is confidential and release may be made only under I.C. 31-19-5-9.

Instructions: Return this completed form to the Indiana Putative Father Registry within thirty (30) days after the birth of the child or prior to the filing of the petition for adoption.

This form must be signed and notarized to be valid for filing.

Information about you

Name: _____

Address (number and street): _____

City, State, and ZIP Code: _____

Social Security Number*: _____ Date of Birth: _____
Month Day Year

* This State Agency is requesting your Social Security Number in accordance with I.C. 31-19-5-9. Disclosure is mandatory, and this record cannot be processed without it.

Information about your designated agent (optional)

If you do not have an address where you can receive notice of an adoption, you may designate another person as your agent.

I designate the following person as my agent to receive notice of an adoption that is filed regarding the mother and child that I list on this form:

Name: _____

Address (number and street): _____

City, State, and ZIP Code: _____

Information about the child's mother (please provide the following information, if known)

Name (include all names that you believe she may use or has used): _____

Address (number and street): _____

City, State, and ZIP Code: _____

Social Security Number: _____ Date of Birth: _____
Month Day Year

Information about the child (please provide the following information, if known)

Name: _____

Date of Birth: _____ Place of Birth: _____
Month Day Year

Signature of Putative Father

Date (month, day, year)

STATE OF INDIANA, COUNTY OF _____ SS:

Before me, a Notary Public in and for said County and State, personally appeared

_____ ,

who, having been first duly sworn upon his/her oath, stated the foregoing representations are

true this _____ day of _____, 20 _____.

Signature

Printed Name

My Commission Expires: _____

My County of Residence: _____

Send this completed form to:

Indiana Putative Father Registry
Indiana State Department of Health
Vital Records Division, B-4
2 North Meridian Street
Indianapolis, Indiana 46204

Fax Number: 317.233.1289