

**ALABAMA DEPARTMENT OF HUMAN RESOURCES
PUTATIVE FATHER REGISTRY CHANGE OF ADDRESS**

NAME OF PUTATIVE FATHER AS PREVIOUSLY REGISTERED:

Last _____ **First** _____ **Middle** _____

Race _____ **DOB** _____ **SSN** _____

Previous Address _____

Current Address _____

NAME OF MOTHER AS PREVIOUSLY REGISTERED:

Last _____ **First** _____ **Middle** _____

Race _____ **DOB** _____ **SSN** _____

NAME OF CHILD AS PREVIOUSLY REGISTERED:

Last _____ **First** _____ **Middle** _____

DOB _____ **Place of Birth** _____

Signature of Putative Father _____ **Date** _____

Sworn to and subscribed to me this day, _____

Notary/Date Commission Expires

**Mail to: Putative Father Registry
Office of Adoption
Alabama Department of Human Resources
50 Ripley Street
Montgomery, AL 36130**