ALABAMA DEPARTMENT OF HUMAN RESOURCES PUTATIVE FATHER INTENT TO CLAIM PATERNITY REGISTRATION

NAME Last	First	Middle
	First	Middle
RACE	DOB	SSN
Address		
Information About	the Child:	
NAME		
Last	First	Middle
DOB	Place of	Birth
Information About	the Mothers	
NAME	ine Motner:	
	First	Middle
Other Names Mothe	er May Have Used	
RACE	DOB	SSN
Address		

- 1. I understand that I must notify the registry of any change of address in writing with notarization using DHR-ACFD-1936, Putative Father Registry-Change of Address.
- 2. I understand that I may revoke this notice of intent to claim paternity at any time through a written statement to the Putative Father Registry. This statement should be notarized. If it is not, I understand that I may be required to provide verification before action is taken on my request.
- 3. I understand that this is <u>not</u> a substitute for legal action such as paternity adjudication, legitimation or securing court-ordered custody or visitation rights.
- 4. I have attached a Child Support Obligation Income Statement/Affidavit as required for registration.

I certify that the information provided above is true and correct to the best of my knowledge. I understand that a person who knowingly or intentionally registers false information commits a Class A Misdemeanor. I further understand that my social security number will be used for identification purposes as required by Alabama law or as otherwise ordered by a court of law.

Signature of Putative Father	Date
STATE OF	COUNTY OF
Before me, A Notary Public in and for said	County and State, personally
appeared	, who have been duly sworn upon his
oath, the foregoing representatives are true	
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	Notary/Date Commission Expires

MAIL TO:

PUTATIVE FATHER REGISTRY
OFFICE OF ADOPTION
ALABAMA DEPARTMENT OF HUMAN RESOURCES
50 RIPLEY STREET
MONTGOMERY, ALABAMA 36130