MISSOURI DEPARTMENT OF HEALTH
AND SENIOR SERVICES

NOTICE OF INTENT TO CLAIM PATERNITY
PUTATIVE FATHER REGISTRY

This form must be mailed to the Missouri Department of Health and Senior Services at the address below.
Missouri Department of Health and Senior Services
Bureau of Vital Records
P.O. Box 570
Jefferson City, MO 65102-0570

- A man who is not married to his child's mother may acknowledge paternity (admit being father) by completing this form in the presence of a notary public.
- Filing this notice doesn't establish legal paternity, but it does create an official record of the man's claim to be father of a child.
- A father may not receive a copy of his child's birth certificate unless his name appears on the child's record.
- **Completing this form will not add the father's name to his child's record.**
- The father's name can be added to his child's record (if no other man's name appears on the record) by the mother and father completing a form known as an "Affidavit Acknowledging Paternity". This form may be requested by writing to the address above.

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING THIS FORM

This is a legal document. Type or print everything except your signature. Use a ball point pen with BLACK ink. Do not alter. Fill in all of the spaces. If an item does not apply to you, enter "NA" for not applicable or "None". If some of the mother's information is not known, state "Unknown".

- Once you have filed a notice of intent to claim paternity you must notify the registry of any changes of address.
- This notice may be revoked at any time by submitting a notarized statement to the Bureau of Vital Records (see address above).

CHILD'S INFORMATION

CHILD'S NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH (MONTH/DAY/YEAR)
PLACE OF BIRTH (CITY, COUNTY, STATE)	HOSPITAL OF BIRTH

MOTHER'S INFORMATION

NAME (FIRST, MIDDLE, LAST)	MAIDEN	PLACE OF BIRTH (CITY, STATE)	
DATE OF BIRTH (MONTH, DAY, YEAR)	SOCIAL SECURITY NUMBER	EDUCATION (HIGHEST GRADE COMPLETED)	RACE ☐ WHITE ☐ BLACK ☐ HISPANIC ☐ OTHER (SPECIFY):
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER	EMPLOYER

FATHER'S INFORMATION

NAME (FIRST, MIDDLE, LAST)		PLACE OF BIRTH (CITY, STATE)	
DATE OF BIRTH (MONTH, DAY, YEAR)	SOCIAL SECURITY NUMBER	EDUCATION (HIGHEST GRADE COMPLETED)	RACE ☐ WHITE ☐ BLACK ☐ HISPANIC ☐ OTHER (SPECIFY):
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER	EMPLOYER

I swear I am the biological (natural) father of the child named above and it is my intent to claim paternity of this child. I am requesting that this acknowledgment be registered on the Missouri Department of Health and Senior Services's "Putative Father Registry".

MUST BE SIGNED IN PRESENCE OF NOTARY ▶	FATHER'S SIGNATURE	DATE SIGNED

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	**USE RUBBER STAMP IN CLEAR AREA BELOW.**
	NOTARY PUBLIC SIGNATURE / MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	