

The fee for searches of vital records has been established in accordance with GA Code Ann., 31-10 of the Official Code of Georgia. There is a \$10.00 fee to search the registry for each name. The search fee is non-refundable. This form may be reproduced.

All items on this form must be provided to initiate a search of the putative father registry.

PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW.

Section 1: REQUESTER'S INFORMATION						
FIRST NAME	MIDDLE NAME		LAST NAME			
ADDRESS (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE)						
COUNTY/DFACS		STATE BAR MEMBERSHIP NUMBER				

Section 2: MOTHER'S INFORMATION							
LEGAL FIRST NAME OF MOTHER/PARENT 1	MIDDLE NAM	IE OF MOTHER	LAST NAME OF MOTHER		LAST NAME OF MOTHER AT BIRTH		
ADDRESS (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE)							
SOCIAL SECURITY NUMBER		DATE OF BIRTH (MONTH, DAY, YEAR)					
OTHER NAMES MOTHER/PARENT 1 MAY BE KNOWN BY							
Section 3: CHILD'S INFORMATION							
LEGAL FIRST NAME OF CHILD AT BIRTH	MIDDLE NAME OF CHILD AT BIRTH		LAST NAME OF CHILD AT BIR	ТН	GENERATION (JR., II, III, ETC.)		
SEX OF CHILD (MALE OR FEMALE)	CHILD (MALE OR FEMALE) DATE OF BIRTH (MONTH, DA		DAY, YEAR)	CITY AND STA	ATE OF BIRTH		

The requester identified above is authorized to make this request pursuant to Georgia Code (Section 19-11-9 (e)) and hereby requests that a search be made of the Putative Father Registry to identify all individuals who have registered either: (1) acknowledging paternity of a child born to or to be born to the mother/parent 1 identified above; or (2) indicating the possibility of paternity without acknowledging paternity of a child born to the mother/parent 1 identified above, for purposes of locating a biological but not legal father to provide notice of adoption proceedings or a proceeding to terminate the rights of the biological father who is not the legal father.

SIGNATURE OF REQUESTOR	DATE SIGNED (MONTH, DAY, YEAR)