

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**NOTICE OF INTENT TO CLAIM PARENTAGE
OF A CHILD BORN OUT OF WEDLOCK**

DATE NOTICE SENT: / /	FOR AGENCY USE ONLY
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DATE: / /

TO: Putative Father Registry
New York State Office of Children and Family Services
Room 332, North Building
52 Washington Street,
Rensselaer, NY 12144

This is to advise you that I intend to claim parentage and to have my name filed with the registry as the parent of:

CHILD'S NAME (Print or Type):

CHILD'S PLACE OF BIRTH:	DATE OF BIRTH: / /
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BIRTH PARENT'S NAME:

I understand that I must keep the registry informed about any change of address. I understand that this form may NOT be revoked without a court order.

NAME (Print or Type):

ADDRESS:

SIGNATURE:	DATE SIGNED: / /
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