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|  | **Tennessee Department of Children’s Services**  **Request for Name and/or Address of Father with Claim of Paternity** |

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| (Please Print or Type) | **Request Date** | **Reason for Request** |
| **Requesting Party**  Name and Title:  Agency:  Telephone:  Email Address: | **Address**  Street:  City:  State:  Zip Code: | |

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| **Child’s Birth Name**  Last:  First:  Middle: | **Place of Birth**  City:  County:  State: |
| **Sex of Child**  Male  Female | **Child’s Birth Date**  Month:       Day:       Year: |

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| **Father’s Name**  Last:       First:       Middle: |
| **Mother’s Name**  Last:       First:       Middle: |
| **Mother’s Maiden Name**  Last:       First:       Middle |

This form can be submitted through email at [***EI-DCS.Putative-Father-Regist@tn.gov***](mailto:EI-DCS.Putative-Father-Regist@tn.gov)  or through USPS mail addressed to:

Department of Children’s Services

Putative Father Registry

UBS Tower, 9th Floor

315 Deaderick Street

Nashville, TN 37243