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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***  or through USPS mail addressed to:

Department of Children’s Services

Putative Father Registry

UBS Tower, 9th Floor

315 Deaderick Street

Nashville, TN 37243