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|  | **Tennessee Department of Children’s Services****Notice of Intent to Claim Paternity or Acknowledgement of Paternity of a Child** |

To: Department of Children’s Services

Putative Father Registry

UBS Tower, 9th Floor

 315 Deaderick Street

 Nashville, Tennessee 37243

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

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| Child’s Birth Name:       | Expected Date of Delivery or Date of Birth:      |
| Child’s Place of Birth:       | Sex of Child:       |
| Mother’s Full Name:       | Mother’s Maiden Name:       |
| Mother’s Address:       | Mother’s Name at Child’s Birth:       |
| Requestor’s Full Name:       | Requestor’s Social Security Number:       |
| Requestor’s Address:       | Requestor’s Telephone Number:       |
| Requestor’s Signature:       | Date:       |

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| Additional Information:       |

Note: In order to be listed on the Putative Father Registry, this document must be completed and on file with the Department of Children’s Services either prior to or within thirty (30) days after the birth of the child (reference: TCA 36-2-318(e)(3)). This form requires the requestor’s signature (electronic signatures are not permitted). Properly filed notices are entered into the Putative Father Registry within one (1) business day of receipt.

The form can be submitted through email at ***EI-DCS.Putative-Father-Regist@tn.gov*** or through USPS mail addressed to address at the top of this form. Consult an attorney to address alternate ways to have your name established on the Putative Father Registry. A copy of this completed document is recommended to be retained by the requestor.