

Ohio Department of Job and Family Services  
**OHIO PUTATIVE FATHER REGISTRY - REGISTRATION FOR FATHERS**

Ohio Putative Father Registry  
P.O. Box 183204  
Columbus, Ohio 43218  
Phone: 1-888-313-3100 / Fax (614) 728-6726  
[OhioPFR@jfs.ohio.gov](mailto:OhioPFR@jfs.ohio.gov)

The following information, if it is complete and submitted within 15 days of the child's birth, will enable you to be notified in the case of an adoption proceeding involving a child of whom you may be the father.

<b>SECTION I: IDENTIFYING INFORMATION ABOUT THE FATHER</b>		
Father's LAST Name	FIRST Name	MIDDLE Name
Social Security Number	Phone Number	
Date of Birth <i>(MM/DD/YY)</i>	Race	
Other names by which father may be known 1.	3.	
2.	4.	
Home Address	Father's Email Address	
City, State, Zip		
Father's Mailing Address/Apt. <i>(If different than above)</i>		
City, State, Zip		
<b>SECTION II: IDENTIFYING INFORMATION ABOUT THE MOTHER</b>		
Mother's LAST Name	FIRST Name	MIDDLE Name
Social Security Number	Phone Number	
Date of Birth <i>(MM/DD/YY)</i>	Race	
Other names by which mother may be known 1.	3.	
2.	4.	
Home Address		
City, State, Zip		
Mother's Mailing Address/Apt. <i>(If different than above)</i>		
City, State, Zip		

**SECTION III: IDENTIFYING INFORMATION ABOUT THE CHILD**

Child's LAST Name	FIRST Name	MIDDLE Name
Race	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Estimated Due Date of Mother (MM/YY)	Child's Date of Birth (MM/DD/YY)	
Child's Birthplace	City	State
Hospital name, if any		
Birth Certified <input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple Birth <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION IV: ACKNOWLEDGEMENT**

I have read, or someone has read to me, the instructions to Putative Fathers before signing this form, and I understand that completing this form is not enough to protect my rights to be legal father of the child identified on this form. For further information on filing a parentage action form contact:

Office of Child Support Enforcement  
Ohio Department of Job and Family Services  
30 E. Broad Street 38<sup>th</sup> Floor  
Columbus, Ohio 43215  
1-800-686-1556

**You must submit the completed and signed form either electronically, in person, by mail or overnight mail delivery service to:**

**Mailing address:**

Ohio Department of Job and Family Services  
Ohio Putative Father Registry  
P.O. Box 183204  
Columbus, Ohio 43218

**Fax:**

**(614) 728-6726**

**Physical/Overnight Delivery Address:**

Ohio Department of Job and Family Services  
Ohio Putative Father Registry  
4200 E. 5<sup>th</sup> Ave.  
Columbus, Ohio 43218-3204

**Email:**

[OhioPFR@jfs.ohio.gov](mailto:OhioPFR@jfs.ohio.gov)

**I certify that the information provided above is true and correct to the best of my knowledge. I understand that a person who knowingly or intentionally registers false information on this form commits a Misdemeanor of the First Degree.**

**I understand that I must tell the Putative Father Registry if I change my address or if any other information changes on the form so that I can be located if the child I have identified becomes the subject of an adoption.**

Signature of Putative Father	Date
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