

Ohio Department of Job and Family Services  
**APPLICATION FOR SEARCH OF OHIO PUTATIVE FATHER REGISTRY**

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)

Please perform a search of the Ohio Putative Father Registry and advise if a putative father has registered timely with respect to the mother, child or father identified below.

<b>SECTION I: IDENTIFYING INFORMATION ABOUT THE MOTHER</b>		
Mother's LAST Name	FIRST Name	MIDDLE Name
Social Security Number	Phone Number	
Date of Birth (MM/DD/YY)	Race	
Other names by which mother may be known 1.	3.	
2.	4.	
Home Address		
City, State, Zip		
Mother's Mailing Address/Apt. (If different than above)		
City, State, Zip		
<b>SECTION II: IDENTIFYING INFORMATION ABOUT THE FATHER</b>		
Father's LAST Name	FIRST Name	MIDDLE Name
Social Security Number	Phone Number	
Date of Birth (MM/DD/YY)	Race	
Other names by which father may be known 1.	3.	
2.	4.	
Home Address		
City, State, Zip		
Father's Mailing Address/Apt. (If different than above)		
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: INFORMATION ABOUT PARTY REQUESTING SEARCH OF REGISTRY		
Name of Firm or Agency (if applicable)		
Name of Person(s) Requesting Search	Email Address	
Phone Number	Fax Number	
Address for Results to be Sent to:		
City, State, Zip		
Person requesting search is:		
<input type="checkbox"/> Attorney Arranging Adoption of Minor <input type="checkbox"/> Mother of Child <input type="checkbox"/> Public Children Services Agency (PCSA) <input type="checkbox"/> Private Child Placing Agency (PCPA) <input type="checkbox"/> Private Non-custodial Agency (PNA)		
Reason for search is:		
<input type="checkbox"/> Termination of Parental Rights (TPR) Hearing:	Date of TPR Hearing _____	
<input type="checkbox"/> Permanent Custody Hearing:	Date of Permanent Custody Hearing _____	
<input type="checkbox"/> Private Adoption	Date of Permanent Surrender or Consent _____	
<input type="checkbox"/> Other	Reason _____	
<b>I certify that the information provided in this Search Request Form is true and correct to the best of my knowledge. I further certify that I am requesting this search of the Putative Father Registry to determine whether a putative father has registered timely in relation to the child referenced above.</b>		
Signature of Individual Requesting Search		Date
SECTION V: TO BE COMPLETED BY THE OHIO PUTATIVE FATHER REGISTRY		
Date Request Received (MM/DD/YY)	Search Request Record Locator Number	
Date Response sent to Agency/Attorney	Response Sent to Father <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date Response Sent to Father