

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**NOTICE OF INTENT TO CLAIM PATERNITY OF
A CHILD BORN OUT OF WEDLOCK**

DATE ACKNOWLEDGEMENT SENT:	FOR AGENCY USE ONLY
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DATE: _____

TO: Registrar
Putative Father Registry
New York State Office of Children and Family
Services
Room 323, North Building
52 Washington Street, Rensselaer, NY 12144

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

CHILD'S NAME (Print or Type):	DATE OF BIRTH:
CHILD'S PLACE OF BIRTH:	
MOTHER'S NAME:	

I understand that I must keep the Registry
informed about any change of address. I
understand that pursuant to Section 372c of the
Social Service Law that this notice of intent to
claim paternity may be revoked at any time and
reserve my right to such revocation.

FATHER'S NAME (Print or Type):
ADDRESS: _____ _____
FATHER'S SIGNATURE:
DATE SIGNED: