

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

DATE NOTICE SENT: / /	FOR AGENCY USE ONLY
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DATE: / /

TO: Putative Father Registry
New York State Office of Children and Family Services
Room 332, 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:
BIRTH PARENT'S NAME:

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

YOUR NAME (Print or Type):
ADDRESS: _____ _____
YOUR SIGNATURE:
DATE SIGNED: / /