

REQUEST FOR INCLUSION IN THE PUTATIVE FATHER REGISTRY
BASED UPON NOTICE OF INTENT TO CLAIM OR BASED UPON COURT ORDERED DETERMINATION OF PATERNITY

This is a request for inclusion in the New Mexico Putative Father Registry. This request is made either voluntarily by a father who hereby gives notice that he intends to claim paternity or has claimed paternity of his child, or involuntarily on the basis of a court order determining paternity (a copy of the court order must be attached). Whether paternity is claimed voluntarily or by court order, the following information must be provided to serve the ends for which the New Mexico Putative Father Registry was created (NMSA Sections 24-1-3, 24-1-5 and 9-7-6).

PRINT LEGIBLY OR TYPE

BIOLOGICAL FATHER INFORMATION:

<i>First</i>			<i>Middle</i>			<i>Last Name</i>			
Father's Full Name:	<input type="text"/>								
Date of Birth:	<i>Month/Day/Year</i>				Place of Birth:	<i>City, County, State</i>			
	<input type="text"/>					<input type="text"/>			
Social Security Number:	<input type="text"/>				Telephone Number:	()			
	<input type="text"/>					<input type="text"/>			
Mailing Address:	<i>Street or Post Office Box Number</i>				<i>City, County, State</i>				
	<input type="text"/>								

CHILD INFORMATION:

<i>First</i>			<i>Middle</i>			<i>Last Name</i>			
Child's Full Name:	<input type="text"/>								
Date of Birth or Expected Date of Birth:	<i>Month/Day/Year</i>								
	<input type="text"/>								
Place of Birth or Expected Place of Birth:	<i>City, County, State</i>								
	<input type="text"/>								

BIOLOGICAL MOTHER INFORMATION (Maiden Name of Mother):

<i>First</i>			<i>Middle</i>			<i>Maiden Last Name</i>				
Mother's Full Name:	<input type="text"/>									
Date of Birth (If Known):	<i>Month/Day/Year</i>				Place of Birth (If Known):	<i>City, County, State</i>				
	<input type="text"/>					<input type="text"/>				
If known, complete the following information										
Social Security Number:	<input type="text"/>				Telephone Number:	()				
	<input type="text"/>					<input type="text"/>				
Mailing Address:	<i>Street or Post Office Box Number</i>				<i>City, County, State</i>					
	<input type="text"/>									

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