



PUTATIVE FATHER REGISTRY CHANGE OF ADDRESS REQUEST

My address has changed since I filed my Claim of Paternity Affidavit for the child named below. Accordingly, please update my record in the Putative Father Registry to reflect the new address provided below.

I still believe I am the father of the child identified below. Should the child's mother express her intention to voluntarily terminate her parental rights or consent to release the child for adoption, or if her parental rights are involuntarily terminated, I still wish to be notified pursuant to RSA 170-B:6. I know that I am responsible for informing DCSS of any future changes in my address. I understand if I fail to do so, I may not receive the requested notification.

I give my permission to the Division of Child Support Services (DCSS) to provide a copy of my Claim of Paternity Affidavit (on file in your office) to any probate court, licensed adoption agency, or attorney, upon request. As stated on my Claim of Paternity Affidavit, if I am proven to be the father of this child, I will support the child to the best of my ability.

Signature of Alleged Father

Date

Signature of Parent/Guardian (if alleged father is under age 18)

Witnessed by: _____

Signature of Notary Public

SEAL

City

State

Commission Expiration Date

YOUR NAME: _____

First

Middle

Last

YOUR SSN: _____

YOUR DATE OF BIRTH: _____

Month

Day

Year

YOUR ADDRESS: _____

Street

City

State

Zip Code

CHILD'S MOTHER'S NAME: _____

First

Middle

Last

CHILD'S MOTHER'S MAIDEN NAME (if different than above): _____

CHILD'S MOTHER'S ADDRESS: _____

Street

City

State

Zip Code

CHILD'S NAME (if known): _____

First

Middle

Last

CHILD'S DATE OF BIRTH (or estimated month and year of birth): _____

Month

Day

Year

CHILD'S PLACE OF BIRTH (if known): _____

City

County

State