



Tennessee Department of Children's Services

Request for Name and/or Address of Father with Claim of Paternity

(Please Print or Type)

Requesting Party	Request Date	Reason for Request
Name and Title:	Address	
Agency:	Street:	
Telephone:	City:	
Email Address:	State:	
	Zip Code:	

Child's Birth Name	Place of Birth
Last:	City:
First:	County:
Middle:	State:
<input type="checkbox"/> Male Sex of Child <input type="checkbox"/> Female	Child's Birth Date
	Month: Day: Year:

Father's Name		
Last:	First:	Middle:
Mother's Name		
Last:	First:	Middle:
Mother's Maiden Name		
Last:	First:	Middle:

This form can be submitted through email at EI-DCS.Putative-Father-Regist@tn.gov or through USPS mail addressed to:

Department of Children's Services
Putative Father Registry
UBS Tower, 9th Floor
315 Deaderick Street
Nashville, TN 37243

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

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