



Tennessee Department of Children's Services

Notice of Intent to Claim Paternity or Acknowledgement of Paternity of a Child

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

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 Birth Name:	Expected Date of Delivery or Date of Birth:
Child's Place of Birth:	Sex of Child:
Mother's Full Name:	Mother's Maiden Name:
Mother's Address:	Mother's Name at Child's Birth:
Requestor's Full Name:	Requestor's Social Security Number:
Requestor's Address:	Requestor's Telephone Number:
Requestor's Signature:	Date:

Additional Information:

Note: In order to be listed on the Putative Father Registry, this document must be completed and on file with the Department of Children's Services either prior to or within thirty (30) days after the birth of the child (reference: TCA 36-2-318(e)(3)). This form requires the requestor's signature (electronic signatures are not permitted). Properly filed notices are entered into the Putative Father Registry within one (1) business day of receipt.

The form can be submitted through email at EI-DCS.Putative-Father-Regist@tn.gov or through USPS mail addressed to address at the top of this form. Consult an attorney to address alternate ways to have your name established on the Putative Father Registry. A copy of this completed document is recommended to be retained by the requestor.

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

CS-0439, Rev. 06/22



RDA 11016
Page 1