



Tennessee Department of Children's Services

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

REQUEST: (Please Print or Type)

Request Date

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

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

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

RESPONSE:

Response Date

Putative Father's Name	Address	Date Registered
Date Change of Address	Staff Registrar	Registry Telephone Number

Comments:

Scan one copy of the document to the Shared email: EI-DCS.Putative-Father-Regist@tn.gov OR

Mail one copy of the document to: Putative Father Registry---Attn: Registrar

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

OR Fax: 615-532-6495 Putative Father Registry---Attn: Registrar

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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