DPHHS-CFS-096 (Rev. 2/03)

State of Montana Department of Public Health and Human Services

Putative Father Registration (Effective October 1, 1998)

INSTRUCTIONS: Please print or type the follo	owing information, which is confidential except as provided by law.
Your full legal name:	
Social Security Number:	Birth Date:
lf you are an Indian, what is your tribal affiliation:	:
Address at which you want legal notices to be se	ent:
If above address is not your address, name of th	ne person at this address to whom the notice should be sent:
Legal name of the mother of the child:	
Any other names she may use:	
Her Social Security Number, if known:	
Her birth date, if known:	
Her address, if known:	
Child's name, if known:	
Location (City/State) of child's birth, if known:	
Location (City/State) and date of possible conce	ption of child:
If your address changes, it is your responsibility you will receive legal notices.	to update the Vital Statistics Bureau with a current address at which
This form may be mailed, faxed or delivered to Services, PO Box 4210, 111 N Sanders, Room 2	the Vital Statistics Bureau, Department of Public Health and Human 205, Helena, MT 59601, FAX (406) 444-1803.
form must be RECEIVED not later than 72 hours	of a hearing regarding your child, submit this form promptly. The safter the birth of the child. If you fail to register for a specific d, you may lose all parental rights to that child.
You may file with the registry even though you had been born.	ave no actual knowledge that a pregnancy has occurred or a child
Information provided to the registry may be u	used for purposes of establishing a child support obligation.
Signature:	
Subscribed and sworn to before me this	day of
(SEAL)	Printed Name:
	Notary Public for the State of Montana Residing at:
	My commission expires: