



REQUEST FOR INCLUSION IN THE STATE OF NEW MEXICO

PUTATIVE FATHER REGISTRY

BASED UPON NOTICE OF INTENT TO CLAIM OR BASED UPON COURT ORDERED DETERMINATION OF PATERNITY

This is a request for inclusion the New Mexico Putative Father Registry. This request is made either voluntarily by a father who hereby gives notice that he intends to claim paternity or has claimed paternity of his child, or involuntarily on the basis of a court order determining paternity (a copy of the court order must be attached).

Whether paternity is claimed voluntarily or by court order, the following information must be provided to serve the ends for which the New Mexico Putative Father Registry was created (NMSA Sections 24-1-3, 24-1-5 and 9-4-6).

PRINT LEGIBLY OR TYPE

NAME OF BIOLOGICAL FATHER:	
Father's Full Name (First, Middle, Last):	
Date of Birth (Month/Day/ Year):	Place of Birth (City, County, Sate):
Daytime Telephone Number: ()	
Father's Mailing Address:	

REGISTRANT'S BIRTH INFORMATION:	
Child's Name at Birth (First, Middle, Last):	
Date of Birth or Expected Date of Birth (Month/Day/ Year):	Place of Birth or Expected Place of Birth (City, County, State):

BIOLOGICAL MOTHER'S INFORMATION (Maiden Name of Mother):	
Mother's Full Maiden Name:	
Date of Birth (Month/Day/Year):	Place of Birth (City, County, State):
Daytime Telephone Number: ()	
Mother's Mailing Address:	

Check Appropriate Box:

Notice is hereby given that I intend to claim paternity of this child. I will notify the office of New Mexico Vital Records and Health Statistics of any changes in my address or telephone number.

Attached is a certified Court Order in the State or Commonwealth of:

_____, whereby the person named on this order has been adjudicated to be the biological father of the above name child.

Attached is a copy of the Acknowledgement of Paternity Form, which has been executed by the child’s mother and me.

STATEMENT OF BIOLOGICAL FATHER (To be signed in the presence of a Notary Public)

I understand that my name and the information which has been provided may be given to the mother of the child, to her attorney, to proposed adoptive parents of the child through their attorney, to any court and agency concerned with this child. I also understand this is my responsibility to keep this information up-to-date with the office of New Mexico Vital Records and Health Statistics.

Signature of Father

Date (Month/Day/Year)

NOTARY PUBLIC:

State of _____ }
County of _____ }

Signature of Notary Public

Subscribed and sworn before me on (Month/Day/Year)

(Notary Seal)

My Commission Expires

Mail Completed Form To:

New Mexico Vital Records and Health Statistics
2554 Camino Entrada Post Office Box 26110
Santa Fe, NM 87502

Toll Free Number: 1 (833) 796-8773
Web: <https://www.nmhealth.org/about/erd/bvrhs/vrp/>