

Date:

Putative Father Registry  
Office of Vital Statistics  
Department of Health, State of Florida  
P. O. Box 210  
Jacksonville, Florida 32231-0042

RE: Certificate of Search of Florida Putative Father Registry  
Brevard County Case Number: \_\_\_\_\_

Dear Sir/Madam:

A Petition for Termination of Parental Rights and Stepparent Adoption has been filed with the Court in Brevard County, Florida. Attached is a copy of the order signed by Judge \_\_\_\_\_ requesting a search of the Putative Father Registry be conducted to verify whether a claim of Paternity has been filed. If so, please provide a certificate regarding the identity and contact information for each registered father. If no one has registered, please provide a certificate for filing with the Clerk of Court stating a diligent search of the Registry has been conducted and no matching registration has been located. Please mail the Certificate to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The biological mother has named \_\_\_\_\_ as the unmarried biological father. His address is \_\_\_\_\_.  
He was born on \_\_\_\_\_, his physical description is \_\_\_\_\_.

The biological mother is \_\_\_\_\_, her maiden name was \_\_\_\_\_, she was born on \_\_\_\_\_, her physical description is \_\_\_\_\_.

The biological mother states that the child was conceived on or about \_\_\_\_\_, in \_\_\_\_\_.  
The child's name is \_\_\_\_\_, a/ka \_\_\_\_\_, and the child was born on \_\_\_\_\_, in \_\_\_\_\_.

Sincerely,

Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_