

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: 05 - - DR - - XXXX-XX

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/k/a \_\_\_\_\_, and the child was born on \_\_\_\_\_, in \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Printed Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
Telephone Number