



Tennessee Department of Children's Services  
**NOTICE OF INTENT TO CLAIM PATERNITY  
OR**

**ACKNOWLEDGMENT OF PATERNITY OF A CHILD BORN OUT-OF-WEDLOCK**

Child's Name:		
Date Acknowledgment Sent		For Agency Use
Notice	Revocation	

To: Registrar  
Putative Father Registry  
Tennessee Department of Children's Services  
Cordell Hull Building-8<sup>th</sup> Floor  
436 Sixth Avenue, North  
Nashville, TN 37243-1290

This is to advise that I intend to claim paternity and to have my name filed with the registry as the father of:

Child's Full Name:	Expected Date of Delivery or Date of Birth:
Child's Place of Birth:	Sex of Child:
Mother's Full Name:	
Mother's Address:	
Father's Full Name:	Social Security Number:
Father's Address:	Telephone Number:
Father's Signature:	Date:

Additional Information:

Original: To Registrar  
Copy: Father to retain for file