

GREG GIANFORTE
GOVERNOR



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

CHARLIE BRERETON
DIRECTOR

Putative Father Registration

Submit this form promptly to ensure you receive notices of court proceedings regarding your child. This form must be received no later than 72 hours after the birth of the child for you to be entitled through registration to receive notice of any proceeding to terminate parental rights involving the child. You may file with the registry even though you have no actual knowledge that a pregnancy has occurred, or a child has been born. § 42-2-206, MCA. Information provided to the registry may be used for purposes of establishing a child support obligation. § 42-2-209, MCA.

Your full legal name: _____

Date of Birth: _____ Social Security Number: _____

Tribal Affiliation, if applicable: _____

Address for legal notices: _____

City, State, Zip: _____

If the above address is not your own, please designate another person as an agent for the purpose of receiving legal notices: _____

If your address changes, it is your responsibility to update Montana Vital Records with a current address at which you will receive legal notices.

Legal name of mother of the child : _____

Other names the mother may use: _____

Date of Birth (if known): _____ Social Security Number (if known): _____

Address (if known): _____ City, State, Zip: _____

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If the birth information is known:

Child's full legal name: _____

Date of birth: _____ City/State of the child's birth: _____

If the birth information is unknown:

Date of possible conception of child: _____ and location (city and state) of possible conception: _____

Approximate expected delivery date of child: _____

Please mail completed forms to Montana Vital Records, PO BOX 4210, Helena, MT 59601

Verification of Signer's ID is Mandatory

Signature: _____

Subscribed and sworn to before me on _____ by _____
(Date) (Name of Signer)

Notary Signature: _____

State: _____

County: _____

My commission expires: _____

[Official Seal]