

# Virginia Birth Father Registry Request to Search Form

The Virginia Birth Father Registry does not establish paternity. The registration may be used to help establish paternity. Code of Virginia § 63.2-1250 requires child-placing agency or adoptive parent(s) to give notice of when a child has been placed in foster care, prior to a proceeding regarding a child to a registrant who has timely registered.

**Instructions:**

Review each section on pages 1 & 2 and complete all items by printing or typing the information. If an item is not known, enter "unknown." If the item does not apply, enter "N/A" (not applicable).

Mail the notarized, signed form to the Virginia Department of Social Services, Virginia Birth Father Registry, 5600 Cox Rd, Glen Allen, Virginia 23060.

If you have questions, contact the Virginia Birth Father Registry at 1-877-433-2339 or [birthfatherregistry@dss.virginia.gov](mailto:birthfatherregistry@dss.virginia.gov).

Name of Person Requesting Search			
Agency Name/Law Firm			
Street Address	City	State	Zip Code
Phone Number:	Fax Number:	Email Address:	

**Select status to search the Registry. Information in the Virginia Birth Father Registry is confidential and may be released upon request to:**

- Mother of the child
  - Attorney representing a party in an adoption, custody, or paternity proceeding
  - A party to an adoption, custody, or paternity proceeding
  - Attorney representing a party in a termination of parental rights proceeding
  - A party to a termination of parental rights proceeding
  - Child Placing Agency/Local Department of Social Services
- Purpose of search request:    At initial foster care placement    For adoption/TPR
- Court or person designated by the court
  - Other State Putative (Birth) Father Registry
  - Support Enforcement
  - Child's guardian ad litem

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I certify that I am authorized as selected from the list above as a person or representative of an agency to request a search of the Virginia Birth Father Registry.

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date of Signature

State \_\_\_\_\_

City/County \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

# Virginia Birth Father Registry Request to Search Form

**Complete the information below to search the Virginia Birth Father Registry.**

VDSS only conducts searches for the Virginia Birth Father Registry. If the birth and/or conception occurred in another state, the requestor must request a search of the putative father registry in the other state. The Virginia Birth Father Registry Program Specialist is available to assist in obtaining contact information for a putative father registry in another state by calling 1-877-433-2339.

VDSS will mail the certificate and findings of the search using the United States mail, or other arrangements can be made at the requestor's expense.

<b>PUTATIVE (BIRTH) FATHER'S INFORMATION</b>				
First Name:		Middle Name:	Last Name:	Also Known As:
Date of Birth (Month/Date/Year):	Social Security Number:*	Driver's License Number:	State that issued Driver's License:	State ID Number:
Proof of Legal Residence Type:		Number:	Ethnicity:	Race:
Permanent Home Address				
Street:		City:	State:	Zip Code:
Current Mailing Address				
Street/P.O. Box:		City:	State:	Zip Code:
Telephone number:	Email address:	Employer:	Occupation:	
Father's Physical Description (optional response):				
Height: ___ ft. ___ in.		Weight: ___ lbs.	Hair Color:	Eye Color:      Identifying Marks:
State of Conception: (i.e. VA, NC, MD)	Location of Conception of Child (i.e. City)	Dates of Possible Conception: _____		
<b>MOTHER'S INFORMATION</b>				
First Name:		Middle Name:	Last Name:	Also Known As:
Date of Birth(Month/Date/Year): or approximate age	Social Security Number:*	Driver's License Number:	State that issued Driver's License:	State ID Number:
Permanent Home Address				
Street:		City:	State:	Zip Code:
Current Mailing Address				
Street/P.O. Box:		City:	State:	Zip Code:
Telephone number:	Email address:	Employer:	Occupation:	
Mother's Physical Description (optional response):				
Height: ___ ft. ___ in.		Weight: ___ lbs.	Hair Color:	Eye Color:      Identifying Marks:
<b>CHILD'S INFORMATION (if known)</b>				
First Name:		Middle Name:	Last Name:	Also Known As:
Date of Birth (Month/Date/Year):	Estimated due date of mother:	Gender:	Child's place of birth (City and State)	Hospital where the birth occurred: