



Putative Father Registry Search Application

Per § 42-2-217, MCA, the following persons may at any time request that the department search the registry to determine whether a putative father is registered in relation to a child who is or may be the subject of a proceeding to terminate parental rights:

- A representative of the Montana Department of Public Health and Human Services.
- A representative of an agency when the agency is or may be arranging an adoption.
- A prospective adoptive parent or an attorney representing a prospective adoptive parent in a direct parental placement adoption who has the notarized consent of the birth mother. Consent form can be found here: [Forms](#)
- Any woman who is the subject of a registration.

To request a search of the Putative Father Registry, please mail completed applications, a copy of your ID, \$10 (check or money order payable to Montana Vital Records) and applicable documents to: Montana Vital Records, PO BOX 4210, Helena, MT 59604

Child's Full Name: _____

Child's Date of Birth: _____

Child's Date of Conception (if known): _____

Mother's Legal Name: _____

Mother's Maiden Name: _____

(If Applicable) Father's Name: _____

I hereby state that I am authorized to make this request for a search of the Montana Putative Father Registry pursuant to Mont. Code Ann. § 42-2-217 and hereby request that a search be made of the registry to identify all individuals who have registered regarding the above-named mother and child.

Signature: _____ Printed Name: _____

DPHHS Representative Adoption Agency Representative Mother

Mailing Address: _____

Phone Number: _____ Email Address: _____