

PUTATIVE FATHER REGISTRY INQUIRY

From:

Name _____
 Agency or Firm _____
 Address _____
 City, State, Zip code _____

To: New Mexico Vital Records and Health Statistics
 Post Office Box 26110
 Santa Fe, New Mexico 87502

Search Fee \$12.00

On Behalf Of: _____

Name of Putative Father:

First Name	Middle Name	Last Name	
Father's last known address:			
Mailing Address / P.O. Box	City	State	Zip Code

Name of Child:

First Name	Middle Name	Last Name	
Date of Birth: (Month/Day/Year)	Place of Birth (City or Town, County)	State of Birth	

Mother's Full Maiden Name:

First Name	Middle Name	Last Name

Requestor's Signature: _____ **Date:** _____

1. The person(s) registered is (are) as follows:
- a. _____
 - b. _____
 - c. _____

2. No person(s) has (have) registered concerning the above named mother.

Signature: _____ **Date:** _____
 New Mexico State Registrar