

**Mail To:**

New Mexico Vital Records and Health Statistics  
 2554 Camino Entrada  
 Post Office Box 26110  
 Santa Fe, NM 87502  
 Toll Free Number: 1-866-534-0051  
<http://www.vitalrecordsnm.org>

**Search Fee Enclosed**
 **\$ 12.00, allow 4 weeks for processing**

*(Payable by check or money order to New Mexico Vital Records).*

**PUTATIVE FATHER REGISTRY SEARCH (INQUIRY)**

A request for a search of the registry may only be made by a court of competent jurisdiction; a department authorized by law to take actions affecting a child's health, safety or welfare; the petitioner's attorney or the mother of the child.

Date of Request:	_____
Name of Agency:	_____
Name of Applicant:	_____
	City, State, Zip Code
Mailing Address:	_____
	Area Code/ daytime telephone number
Telephone Number:	(        )
Applicant's Relationship:	<input type="checkbox"/> <b>Petitioner's Attorney</b> <input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Other: specify</b>
	_____
Signature of Applicant:	_____

**NAME OF PUTATIVE FATHER**

<b>Putative Father's Full Name</b>	
_____	
<b>Date of Birth (month/day/year) (If Known)</b>	<b>Place of Birth (City, County, State) (If Known)</b>
_____	_____
<b>Father's Last Known Address</b>	
_____	

**REGISTRANT'S BIRTH INFORMATION**

<b>Child's Name at Birth (First, Middle, Last)</b>	
_____	
<b>Date of Birth (month/day/year) or approximate date</b>	<b>Place of Birth (City, County, State)</b>
_____	_____

**MOTHER'S INFORMATION**

<b>Mother's Full Maiden Name</b>	
_____	
<b>Date of Birth (month/day/year) (If Known)</b>	<b>Place of Birth (City, County, State) (If Known)</b>
_____	_____