



# Request for Notification of Intended Adoption

With Respect to: \_\_\_\_\_  
First name Middle name Last name

*Pursuant to Nebraska Revised Statutes 43-104.01 and 43-104.02, as amended.*

I, \_\_\_\_\_, acknowledge and state that I am the father of \_\_\_\_\_  
\_\_\_\_\_ (to be) (who was) born to \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_.

The mother resides at \_\_\_\_\_  
Street address City  
State Zip

I acknowledge liability for contribution to the support and education of the child after birth and for contribution to the pregnancy related medical expenses of the mother. I agree to promptly notify the Nebraska Department of Health and Human Services, Vital Records Section, Paternity registry of any change in my address.

The court having jurisdiction over the custody of the child is \_\_\_\_\_  
Case number

Court name Street address  
City County

I understand that I have the right to revoke this notice at any time.

Date this \_\_\_\_\_ day of \_\_\_\_\_.

Printed name of putative father Signature of putative father

Social security number of putative father

Street address of putative father State Zip code

City

Printed name of witness Signature of witness

**NOTE:** If this form is filed with a local or district office of DHHS, it **MUST** be forwarded to the Vital Records Section, Paternity Registry at the Central Office for further processing and filing.

Vital Records Office, Paternity Registry  
Division of Public Health  
Nebraska Department of Health and Human Services

1033 O Street, Suite 130  
P.O. Box 95065  
Lincoln, Nebraska 68509-5065

