



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Department of Health & Human Services

Vital Records

Notice of Objection to Adoption and Intent to Obtain Custody

With Respect to: \_\_\_\_\_
First Name Middle Name Last Name of Child

Pursuant to Nebraska Revised Statutes 43-104.01 y 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

Pursuant to Nebraska Revised Statutes 43-104.05 as amended.

I further acknowledge and state my intent to obtain custody of said child. I understand that if a petition is not filed in the county court in the
county where said child was born or a separate juvenile court that already has jurisdiction over said chid for an adjudication of my claim
of paternity and right to custody within thirty (30) days after the filing of this notice, my consent to the adoption of said child shall not be
required and any alleged parental rights of mine shall not be recognized thereafter in any court. .

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

Streect 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 futher processing and filing.

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

301 Centennial Mall South
PO Box 95065
Lincoln, Nebraska 68509