

**IN THE CIRCUIT COURT IN THE EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR BREVARD COUNTY, FLORIDA**

Case No.: 05 - - DR - - XXXX-XX

Bar Code Label

IN RE: TERMINATION OF PARENTAL
RIGHTS PENDING STEPPARENT
ADOPTION OF

Minor Child(ren)

**MOTION FOR SEARCH AND CERTIFICATE OF SEARCH
PUTATIVE FATHER REGISTRY**

The Petitioner, _____, requests the Court enter an order, pursuant to Section 63.054, Florida Statutes, instructing the Bureau of Vital Statistics to search the Florida Putative Father Registry and issue a Certificate indicating a search has been completed. Section 63.0541, Florida Statutes, makes information maintained by the Registry confidential and exempt from public disclosure, except that it may be disclosed to adoption entities, registrant unmarried biological fathers, and the Court, upon issuance of a court order concerning a petitioner acting pro se.

As grounds therefore Petitioner would state:

1. The Petitioner is the mother of the following minor child(ren):

2. The Petitioner is requesting a termination of parental rights pending a stepparent adoption of said minor children.

I certify that a copy of this document was [one only] mailed faxed and mailed hand delivered to the person(s) listed below on _____, 20____:

Other party or his/her attorney:

Name

Address

City State Zip

Telephone Number

I understand that I am swearing or affirming under oath to the truthfulness of the claims made above and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Signature of Party

Date

Printed Name

Address

City State Zip

Telephone Number

Fax Number

**STATE OF FLORIDA
COUNTY OF BREVARD**

Sworn to or affirmed and signed before me on _____, 20_____, by _____
_____.

NOTARY PUBLIC or DEPUTY CLERK
[Print, type or stamp commissioned name]

____ Personally known ____ Produced ID Type of identification produced _____.

I CERTIFY that I have mailed telefaxed and mailed, or hand delivered a copy of this motion
on _____, 20_____, to:

Printed Name

Address

City State Zip

Telephone Number

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:
[ fill in all blanks]**

I, {full legal name and trade name of nonlawyer} _____,
a nonlawyer, located at {street} _____, {city} _____,
{state} _____, {phone} _____, helped {**name**} _____,
who [**one** only] ____ petitioner **or** ____ respondent, fill out this form.