



PETITION FOR TERMINATION OF PARENTAL RIGHTS, FLORIDA

In accordance with Florida Statute 63.054(1)

(TYPE OR PRINT INFORMATION)

INFORMATION BELOW FOR USE BY VITAL STATISTICS – PUTATIVE FATHER REGISTRY

STATE OF FLORIDA

COUNTY: _____ **CASE STYLE:** _____

NAME OF PERSONS WHOSE RIGHTS ARE SOUGHT TO BE TERMINATED:

DATE AND TIME PETITION FILED: _____

INFORMATION AS IT APPEARS ON FLORIDA BIRTH RECORD

CHILD’S FULL NAME: (As appears on Birth Certificate *First, Middle, Last*):

Date of Birth (mm/dd/yyyy): _____ **Birthplace (City/County):** _____

MOTHER’S FULL MAIDEN NAME (*First, Middle, Last*):

FATHER OR ALLEGED FATHER’S FULL NAME (*First, Middle, Last*):

SIGNED AND SEALED BY: _____

Signature of Clerk of Court

_____ Date Signed