

South Carolina Department of Social Services  
**RESPONSIBLE FATHER REGISTRY**  
**NOTICE OF CHANGE**

**NOTICE: Please identify the changes that you will be making. You must complete Part 1A and Part 4 on this form to complete the changes.**

Change to Putative Father Information     Change to Mother Information     Change to Child Information

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**PART 1 – PUTATIVE FATHER’S INFORMATION**

**A. Information Listed on File**

\_\_\_\_\_  
First                                      Middle                                      Last                                      Date of Birth

Residential Address Listed on File:

\_\_\_\_\_  
Street                                      City                                      State                                      Zip                                      County (If State SC)

Mailing Address Listed on File: (If different from residential address)

\_\_\_\_\_  
P.O. Box/Street                                      City                                      State                                      Zip                                      County (If State SC)

**B. Information Change**

New Residential Address

\_\_\_\_\_  
Street                                      City                                      State                                      Zip                                      County (If State SC)

New Mailing Address (If different from residential address)

\_\_\_\_\_  
P.O. Box/Street                                      City                                      State                                      Zip                                      County (If State SC)

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**PART 2 – MOTHER’S INFORMATION**

**A. Information Listed on File**

\_\_\_\_\_  
First                                      Middle                                      Maiden                                      Last                                      Date of Birth

Residential Address Listed on File:

\_\_\_\_\_  
Street                                      City                                      State                                      Zip                                      County (If State SC)

**B. Information Change**

New Name Change

\_\_\_\_\_  
First                                      Middle                                      Maiden                                      Last

New Residential Address

\_\_\_\_\_  
Street                                      City                                      State                                      Zip                                      County (If State SC)

New Mailing Address (If different from residential address)

\_\_\_\_\_  
P.O. Box/Street                                      City                                      State                                      Zip                                      County (If State SC)

**PART 3 – CHILD’S INFORMATION**

**A. Information Change**

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Child’s First Name	Middle	Last	Date of Birth
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Sex:  Male  Female \_\_\_\_\_  
Place of Birth (City, State, County)

\_\_\_\_\_ Hospital

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**PART 4 – SIGNATURE**

I am on notice of the following penalty in SC Code Section 63-8-820(R) (2) for filing false claims: “A person who knowingly, maliciously, or in bad faith files a false claim of paternity with the registry is guilty of a misdemeanor and, upon conviction, must be fined not more than five hundred dollars or imprisoned for not more than thirty days, or both.”

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Signature of Father	Date
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**Mail this form to: South Carolina Department of Social Services, Responsible Father Registry  
P.O. Box 1520  
Columbia, SC 29202**