GEORGIA DEPARTMENT OF PUBLIC HEALTH

PLEASE READ BEFORE COMPLETING THIS FORM

This rescission statement may be completed by either signatory of a voluntary acknowledgement of paternity when the signatory wishes to rescind (cancel) their previously acknowledged paternity of the child named below. This form must be completed within sixty (60) days of the date of the original signing of the voluntary acknowledgment of paternity. This completed statement must be filed with the State Office of Vital Records. (OCGA 19-7-46.1 (B))

PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW

Section 1: CHILD'S INFORMATION AS IT APPEARS ON THE ACKNOWLEDGMENT OF PATERNITY

STATE FILE NUMBER	DATE OF PATERNITY ACKNOWLEDGMENT	CHILD'S DATE OF BIRTH & COUNTY OF BIRTH	
FIRST NAME OF CHILD AT BIRTH	MIDDLE NAME OF CHILD AT BIRTH	LAST NAME OF CHILD AT BIRTH	GENERATION (JR., II, III, ETC.)

Section 2: MOTHER'S INFORMATION

MOTHER'S FIRST NAME	MOTHER'S MIDDLE NAME	MOTHER'S LAST NAME

Section 3: FATHER'S INFORMATION

FATHER'S FIRST NAME	FATHER'S MIDDLE NAME	FATHER'S LAST NAME	GENERATION (JR., II, III, ETC.)

Section 4: RESCINDING PARENT'S INFORMATION

RESCINDING PARENT'S NAME	RESCINDING PARENT'S ADDRESS
RESCINDING PARENT'S PHONE NUMBER	RESCINDING PARENT'S EMAIL ADDRESS

Section 5: ACKNOWLEDGMENT & SIGNATURE OF RESCINDING PARENT

I understand that this rescission will not cause or allow an amendment to be made to the birth certificate of the child named above. To have the father's name removed or other amendment made to the birth certificate, a determination of paternity must be made by a court of competent jurisdiction pursuant to OCGA 31-10-23. A certified copy of the court order that determines paternity and directs the amendment of the birth certificate of the child named above must be furnished to the State Office of Vital Records before this action can occur.

RESCINDING PARENT'S SIGNATYURE	DATE SIGNED (MONTH, DAY, YEAR)
IDENTIFICATION TYPE	IDENTIFICATION NUMBER

Section 6: SIGNATURE OF WITNESS

WITNESS SIGNATURE	DATE SIGNED(MONTH, DAY, YEAR)
IDENTIFICATION TYPE	IDENTIFICATION NUMBER