OKLAHOMA Human Services

Rescission of Denial of Parentage

This is a legal document. **Type or print in ink by pressing hard.** No cross outs, correction fluid, or alterations are allowed.

This form is used to withdraw your sworn statement denying parentage of a child. **This form must be completed and filed with the Oklahoma State Department of Health (OSDH), Division of Vital Records, within 60 days from the date of the last signature on Form 03PA209E, Acknowledgment of Paternity, that was attached to your Form 03PA210E, Denial of Parentage.**

When this form is properly completed and filed with OSDH Division of Vital Records, the man named as the biological father on Form 03PA209E, Acknowledgment of Paternity, will no longer be the legal father and his name will be removed from the birth certificate. Your name will be added to the birth certificate as the parent.

This form must be signed by the rescinding spouse of the biological mother in the presence of a witness. The witness may not be another parent of the child. The witness may not be related to you.

Child's Information as it Now Appears on Birth Certificate

Child's first name | Middle | Last | Sex: ☐ Male ☐ Female

Date of birth | Place of birth, City | County | State

Biological Parent's Information as it Appears on the Acknowledgment of Paternity

Mother's first name | Middle | Last | Maiden name

Father's first name | Middle | Last | Suffix

Rescinding Spouse's Information

Spouse's first name | Middle | Last | Suffix

Social Security number | Date of birth | Daytime phone number

Current street address | City | State | ZIP code

Place of birth, City | County | State

Rescinding Spouse's Signature

By signing below, **I declare under penalty of perjury** that I have read and understand this Form 03PA213E, Rescission of Denial of Parentage. I declare the information in this Rescission is true.

I understand that by completing this form and filing it with the OSDH Division of Vital Records, I am withdrawing my Denial of Parentage for the above-named child created by a previously completed Form 03PA210E, Denial of Parentage, on or about the date of _____ .

Rescinding spouse's signature | Date | Place

Witness signature | Printed name of witness

Instructions for Completing This Rescission of Denial of Parentage

Please read these instructions and the entire form before you sign it.

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This form may be completed by the individual who originally signed the Denial of Parentage. The parent who previously denied parentage will be added to the birth certificate.

After this form has been completed, signed and witnessed, the mother and spouse should keep a copy and send the original and one copy to the following address. If there are multi-colored copies, give the pink copy to the mother and the gold copy to the spouse. Do not separate the other pages of the Rescission. **Mail the white and yellow copies of this Rescission of Denial of Parentage to the following address:**

Oklahoma State Department of Health
Division of Vital Records
P. O. Box 248964
Oklahoma City, OK 73124-8964

Disclosure of your Social Security number, and the Social Security number of your child, is required by federal law [42 USC §666]. CSS will use these Social Security numbers only for the purpose of establishing paternity and, if requested or required to do so, establishing and enforcing support for you and your family.