Vital Records Office
Vermont Department of Health
280 State Drive
Waterbury, VT 05671-8370
802-863-7275 or 800-439-5008 (in VT only)

Denial of Parentage

Please type or print clearly.

Child

1. Child's Name (First, Middle, Last, Suffix)	2. Date of Birth (mm/dd/yyyy)
3. City or Town, County and State of Birth	

Birth Parent

4. Parent's Current Legal Name (First, Middle, Last, Suffix)	5. Social Security Number
6. Date of Birth (mm/dd/yyyy)	7. Birthplace (State, Territory or Foreign Country)
8. Mailing Address (Street and Number, City/Town, State, Zip Code)	

Presumed Parent or Alleged Genetic Parent

Complete and file this form with the Vermont Department of Health's Vital Records Office with a Voluntary Acknowledgment of Parentage (VAP) form to be discharged of all the rights and duties of the parent for the child listed above. The registration of this form will remove and replace the presumed parent or alleged genetic parent listed below with the parent listed on a valid VAP.	
9. Presumed Parent or Alleged Genetic Parent's Current Legal Name (First, Middle, Last, Suffix)	10. Social Security Number
11. Date of Birth (mm/dd/yyyy)	12. Birthplace (State, Territory or Foreign Country)

13. Mailing Address (Street and Number, City/Town, State, Zip Code)

Statements of Denial - Presumed Parent or Alleged Genetic Parent

Initials	**Presumed or alleged genetic parent must initial each of the statements below in order for the Denial of Parentage to be valid.**
	I have read and understand the instructions provided and the legal consequences of and the rights and responsibilities that arise from signing the denial.
	I understand I have the right to talk with an attorney before signing.
	I understand that this denial, in conjunction with a valid Voluntary Acknowledgment of Parentage, is the equivalent to an adjudication of the non-parentage of the presumed parent or alleged genetic parent and discharged the presumed or alleged genetic parent from all rights and duties of a parent.
	I state that I have not acknowledged or been adjudicated as the parent of the above-named child.
	I understand that I may rescind this denial by filing a Rescission Form with the Vital Records Office within 60 days after the denial has been filed and accepted.
	I understand that after 60 days of filing the acknowledgment and a denial of parentage, if applicable, with the Vital Records Office, I must obtain a court determination to rescind or challenge the acknowledgment or denial in order to remove or add a parent.

I have read and understand the statements contained in this Denial of Parentage (DOP). I declare the information is correct to the best of my knowledge and belief. I am signing this DOP without being subject to force, threats or coercion of any kind.	
Signature of Presumed or Alleged Genetic Parent	Date Signed (mm/dd/yyyy)

Witness

Signature of Witness	Date Signed (mm/dd/yyyy)

Vital Records Office Use Only

Date Received:

Clear Form

Denial of Parentage Notes and Instructions

The presumed or alleged genetic parent should carefully read all notes and instructions before completing and signing the Denial of Parentage (DOP).

A Denial of Parentage form is a legal form signed by a presumed or alleged genetic parent to state that the individual is releasing any parental claim of this child. If a married or formerly married parent claims that their spouse or ex-spouse (presumed parent or alleged genetic parent) is not the parent of the child and the parent of the child would like to acknowledge parentage the spouse may complete a Denial of Parentage form in the presence of a witness.

To be valid, both of the child's parents must also sign a Voluntary Acknowledgment of Parentage (VAP) form. The VAP and DOP may be filed separately or simultaneously, but neither is valid unless both are filed with the Vermont Department of Health's Vital Records Office. This DOP shall be signed by the presumed or alleged genetic parent who is seeking to relinquish parentage in the presence of a witness.

1. **Parent Who Is or Was Formerly Married**

   When a parent is or was married within 300 days of the birth of the child, the name of the spouse shall be entered on the Certificate of Live Birth, including situations when:

   a. The spouse may not be the alleged genetic parent.
   b. The parent was legally married, and the child is born within 300 days after the termination of the marriage (unless the final divorce decree specifies that the spouse is not the natural parent).

2. **If DOP is completed at hospital:**

   If a DOP has been completed and given to the hospital before the Certificate of Live Birth is submitted to the Vital Records Office the parent will be listed as the parent on the birth certificate.

3. **If DOP is not completed at hospital:**

   If this DOP has not been completed before the hospital submits the Certificate of Live Birth to the Vital Records Office, the spouse or ex-spouse (presumed parent) will be listed as the parent on the birth certificate.

4. **Legal Citations: 15C V.S.A., Chapters 1, 3, and 4**

- “Acknowledged parent” means a person who has established a parent-child relationship by filing the Voluntary Acknowledgment of Parentage with the Vital Records Office.
- “Adjudicated parent” means a person who has been adjudicated by a court of competent jurisdiction to be the parent of the child.
- “Alleged genetic parent” means a person who is alleged to be or alleges that the person is, a genetic parent or possible genetic parent of a child whose parentage has not been adjudicated. The term includes an alleged genetic father and alleged genetic mother. The term does not include a presumed parent, a person whose parental rights have been terminated or declared not to exist or a donor.
- “Intended parent” means a person, whether married or unmarried, who manifests the intent to be legally bound as a parent of a child resulting from assisted reproduction or a gestational carrier agreement.
- “Presumed parent” means a person who is recognized as the parent of the child until that status is rebutted or confirmed in a judicial proceeding. A person is presumed to be the parent of a child if:
    a. The person and the woman giving birth to the child are married to each other and the child is born during the marriage; or
    b. The person and the woman giving birth to the child were married to each other and the child is born within 300 days after the marriage is terminated by death, annulment, divorce, dissolution or declaration of invalidity; or
    c. the person and the person who gave birth to the child married each other after the birth of the child and the person at any time asserted parentage of the child and the person agreed to be and is named as a parent of the child on the birth certificate of the child.
    d. the person resided in the same household with the child for the first two years of life of the child, including periods of temporary absence, and the person and another parent of the child openly held out the child as the person’s child.

5. **Instructions for the Completion of the Denial of Parentage:**
    - The presumed or alleged genetic parent must read and initial all the statements included on the DOP.
    - The presumed or alleged genetic parent must sign the DOP in the presence of a witness and the witness must sign the DOP.
    - The presumed or alleged genetic parent may present the completed DOP to the hospital prior to the submission of the Certificate of Live Birth or directly to the Vital Records Office, at the mailing address provided below:

    Vital Records Office
    Vermont Department of Health
    280 State Drive
    Waterbury, VT 05671-8370

If you need help understanding your rights and responsibilities as parents and the alternatives to, and consequences of, signing this form, call the Vermont Office of Child Support: 1-800-786-3214.