OKLAHOMA Human Services

Rescission of Acknowledgment of Paternity

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 about paternity 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.**

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.

This form must be signed by the rescinding parent (mother or father) in the presence of a witness. 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 | City of birth | County | State

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

Spouse as it appears on the Denial of Parentage

Was mother married at time of conception or birth? ☐ Yes ☐ No

If **yes**, spouse's name: _____

Rescinding Parent's (Mother's or Father's) Information

Parent's first name | Middle | Last | Suffix

Social Security number | Date of birth | Daytime phone number

Current street address | City | State | ZIP code

Signature

By signing below, **I declare under penalty of perjury** that I have read and understand this Rescission of Acknowledgment of Paternity. 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 the acknowledgment of paternity for the above-named child created by a previously completed Form 03PA209E, Acknowledgment of Paternity, on or about the date of _____ .

Rescinding parent's signature | Date | Place

Witness signature | Printed name of witness

Instructions for Completing This Rescission of Acknowledgment of Paternity

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

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.

This form may be completed by either person (mother or father) who originally signed the Acknowledgment of Paternity.

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 acknowledging father and the green copy to the spouse of the biological mother as listed on Form 03PA210E, Denial of Parentage, if a Denial of Parentage has been signed. Do not separate the other pages of the Rescission. **Mail the white and yellow copies of this Rescission of Acknowledgment of Paternity 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.