Jeff Landry
GOVERNOR

Bruce D. Greenstein
SECRETARY

State of Louisiana

Louisiana Department of Health
Office of Public Health

Revocation of Acknowledgment of Paternity within 60 Days

Any individual who has signed an Acknowledgment of Paternity may, without cause, revoke their acknowledgment within **60-days** of signing the form. To do so, the individual must complete a **Revocation of Acknowledgment of Paternity Affidavit** and submit it to **Vital Records** within the 60-day period.

Read the following instructions carefully before completing the form:

- The entire form must be completed.
- The form may be, executed by any person who signed or concurred on the Acknowledgment of Paternity, which desired to be, revoked.
- The form must be, notarized by a notary public and witnessed by two competent witnesses.
- The form must be, filed with the Louisiana Vital Records Registry Central Office **within 60-days of the date of execution of the authentic act of acknowledgment.**
- If the acknowledging father/parent was served with a Department of Children and Family Services (DCFS) Petition for Support for the child who is the subject of the act, the State Registrar will send a copy of the executed and filed Revocation of Acknowledgment of Paternity to DCFS.
- If the acknowledging father/parent is **not** involved in DCFS child support proceedings, the State Registrar shall **not** forward the executed and filed Revocation of Acknowledgment of Paternity to DCFS, as the revocation instrument is, deemed confidential pursuant to LSA R.S. 40:41.
- A statutory fee of **$27.50** must be, sent to the Vital Records Registry along with the revocation form and a copy of your ID. The check or money order should be payable to Louisiana Vital Records.
- The submission of the statutory fee and the completed and notarized Revocation of Acknowledgment form will result in:
  (1) The rescission of the Acknowledgment of Paternity on file with the Vital Records Registry.
  (2) The acknowledging father/parent's name removed from the original birth certificate of the child.
  (3) The child's surname changed to the mother/parent's maiden name.

STATE OF LOUISIANA
DEPARTMENT OF HEALTH
VITAL RECORDS REGISTRY

REVOCATION OF AUTHENTIC ACT OF ACKNOWLEDGMENT OF PATERNITY

Pursuant to LSA-R.S. 9:406 A (1)(a)

I, _____ *(print the name of the acknowledging father or the mother of the child*) declare under oath, and before the undersigned notary public and two competent witnesses, that on / / (date), I executed, or concurred with, an acknowledgment of paternity for the child named _____, who was born on _____, at _____ Parish, and that by virtue of this present instrument I wish to revoke said acknowledgment of paternity pursuant to LSA-R.S. 9:406 A (1)(a).

The name of the other parent who executed or concurred with the acknowledgment of paternity is _____ and to the best of my knowledge.

My social security number is _____, my date of birth is _____., and my current address is _____ _____.

I understand that the effect of revoking the acknowledgment of paternity which was executed on _____, is that (1) the acknowledgment of paternity will be rescinded (2) the acknowledging father's name will be removed from the line on the original birth certificate reserved for the father of the child and (3) the subject child's surname will revert to the mother's maiden name.

Signature of Parent _____ Date _____

Print Name of Parent _____

Witness_____ Witness _____

Printed Name of Witness_____ Printed Name of Witness_____

Sworn to and subscribed before me, Notary Public, this _____ day of _____, 20___.

Notary's Signature _____

Notary Number _____

Printed Name of Notary _____

My commission expires at _____

[1] date stamped by the post office within sixty days of execution