



RESCISSION OF AFFIDAVIT ACKNOWLEDGING PATERNITY

INSTRUCTIONS: TYPE OR PRINT EVERYTHING EXCEPT YOUR SIGNATURE. COMPLETE IN BLACK INK ONLY. Affidavits containing erasures, white-outs, write-overs, and/or faxed or reproduced copies will not be accepted.

This form is used to rescind (cancel) the legal finding of paternity created by a previously completed *Affidavit Acknowledging Paternity*. It must be completed and filed with the Missouri Department of Health and Senior Services, Bureau of Vital Records, at the address above within the earlier of:

- 60 days from the date of the last signature of the *Affidavit Acknowledging Paternity*; or
- The date of a proceeding to establish child support for the child on the *Affidavit Acknowledging Paternity*.

This form may be completed by either person (mother or father) in the presence of a notary public **or** two (2) witnesses. Any adult, except a parent of the child on the *Affidavit Acknowledging Paternity*, may be witness.

When this form is properly completed and filed with the Bureau of Vital Records, the man on the *Affidavit Acknowledging Paternity* will no longer be the legal father; however, his name will stay on the child's birth certificate unless a court order directs the Bureau of Vital Records to remove his name.

For more information, visit www.health.mo.gov/vitalrecords

CHILD'S INFORMATION

CHILD'S NAME (FIRST, MIDDLE, LAST)		DATE OF BIRTH (MM/DD/YYYY)
PLACE OF BIRTH (CITY, COUNTY, STATE)	HOSPITAL NAME	

PARENT INFORMATION AS IT APPEARS ON THE AFFIDAVIT ACKNOWLEDGING PATERNITY

MOTHER'S NAME (FIRST, MIDDLE, LAST)	FATHER'S NAME (FIRST, MIDDLE, LAST)
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RESCIENDING PARTY'S (MOTHER'S OR FATHER'S) INFORMATION

NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER
CURRENT ADDRESS		TELEPHONE NUMBER (INCLUDE AREA CODE)

I UNDERSTAND THAT BY COMPLETING THIS FORM AND FILING IT WITH THE BUREAU OF VITAL RECORDS, I AM RESCINDING THE LEGAL FINDING OF PATERNITY FOR THE ABOVE-NAMED CHILD CREATED BY A PREVIOUSLY COMPLETED *AFFIDAVIT ACKNOWLEDGING PATERNITY*. I UNDERSTAND THAT A COURT ORDER OR AN ORDER FROM FAMILY SUPPORT DIVISION IS REQUIRED TO REMOVE THE ACKNOWLEDGING FATHER'S NAME FROM A CHILD'S BIRTH CERTIFICATE.

MUST BE SIGNED IN PRESENCE OF NOTARY OR TWO WITNESSES <input type="checkbox"/>	RESCIENDING PARTY'S SIGNATURE (CURRENT LEGAL NAME)	DATE SIGNED
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NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
USE RUBBER STAMP IN CLEAR AREA BELOW.		

WITNESS NUMBER ONE SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS
WITNESS NUMBER TWO SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS