

## Acknowledgement of Paternity

INFORMATION NEEDED TO IDENTIFY ORIGINAL BIRTH CERTIFICATE									
1. CHILD - NAME (First) (Middle) (Last)			2. DATE OF BIRTH (Month, Day, Year)			3. COUNTY OF BIRTH			
<b>FATHER'S INFORMATION TO APPEAR ON REVISED CERTIFICATE AND RESIDENCE INFORMATION</b>	4. NAME (First) (Middle) (Last)			5. RACE (Specify White, Black, American Indian, etc.)		6. DATE OF BIRTH (Month, Day, Year)			
	7. STATE OF BIRTH		8. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)		9. SOCIAL SECURITY NUMBER		10. EDUCATION (Highest Grade Completed) Elementary College		
	11. RESIDENCE — STATE		12. COUNTY	13. CITY OR TOWN		14. STREET AND NUMBER OR RURAL LOCATION			
I, _____ (Name of Father)					I, _____ (Name of Mother)				
<b>CERTIFY AND ACKNOWLEDGE THAT I AM THE FATHER OF THE CHILD WHOSE NAME APPEARS IN ITEM 1 ABOVE, AND THAT ALL INFORMATION IN ITEMS 4-14 IS CORRECT. My Rights and Responsibilities and Right to Rescind have been explained to me.</b>					<b>CERTIFY AND ACKNOWLEDGE THAT THE PERSON NAMED IN ITEM 4 IS THE FATHER OF THE CHILD WHOSE NAME APPEARS IN ITEM 1, AND THAT ALL INFORMATION IN ITEMS 1-3 IS CORRECT. My Rights and Responsibilities and Right to Rescind have been explained to me.</b>				
SIGNATURE _____					SIGNATURE _____				
Sworn to and subscribed before me this the _____ day of _____					Sworn to and subscribed before me this the _____ day of _____				
SIGNATURE OF NOTARY _____					SIGNATURE OF NOTARY _____				
My commission expires: _____					My commission expires: _____				

**Rights and Responsibilities:**

Execution of this acknowledgement of paternity shall result in the same legal effect as if the father and mother had been married at the time of the birth of this child. The Office of Vital Records may make this acknowledgement of paternity available to the Division of Child Support Enforcement of the Mississippi Department of Human Services for use in establishing paternity and child support obligations.

**Right to Rescind:**

A signed voluntary acknowledgement of paternity is subject to the right of any signatory to rescind the acknowledgement within the earlier of: (i) sixty days; or (ii) the date of a judicial proceeding relating to the child, including a proceeding to establish a support order, in which the signatory is a party.

### Instructions

1. This form cannot be used for paternity acknowledgement if the mother is married or was married at any time between the conception and birth of this child, or if an acknowledgement of paternity has previously been filed.
2. All information requested on this form must be supplied.
3. The completed form must be signed and sealed by a Notary Public.
4. If the mother's name has been changed, by marriage, court order or other means, from that which is recorded on the birth certificate, documentation of that change (*such as the marriage license or court order*) **must be included** to explain the difference between the notarized signature and the name on the birth certificate.
5. Send to the address at the top of this form:
  - a. this completed form,
  - b. any required accompanying documentation,
  - c. the fee of \$10.00 (*Must be a check on a Mississippi bank, or a bank or postal money order or a bank cashier's check.*)

A certified copy of the revised certificate will be sent upon receipt and processing of these documents and fee. **BASED ON THIS ACKNOWLEDGEMENT OF PATERNITY THE BIRTH CERTIFICATE WILL RECORD THE LAST NAME OF THE CHILD TO BE THE SAME AS THAT OF THE ACKNOWLEDGED FATHER.**

## Rescission of Acknowledgement of Paternity

<b>INFORMATION NEEDED TO IDENTIFY ORIGINAL BIRTH CERTIFICATE</b>	1. CHILD - NAME (First) (Middle) (Last)	2. DATE OF BIRTH (Month, Day, Year)	3. COUNTY OF BIRTH
	4. FATHER - NAME (First) (Middle) (Last) (GEN. ID)		
	5. MOTHER - NAME (First) (Middle) (Last) (MAIDEN)		
<b>RESCINDING PARTY'S INFORMATION</b>	RELATIONSHIP TO CHILD: <input type="checkbox"/> listed father <input type="checkbox"/> mother		
	1. NAME (First) (Middle) (Last)	2. SOCIAL SECURITY NUMBER	3. DATE OF BIRTH (Month, Day, Year)
	4. PRESENT ADDRESS (Street and Number or Rural Location)		(State) (ZIP)
<b>RESCISSION STATEMENT</b>	<p>I understand that by completing this form and filing it with the Bureau of Vital Statistics, I am rescinding the legal finding of paternity for the above-named child created by a previously completed Acknowledgement of Paternity. I understand that the father's information will be removed from the child's birth certificate and the child's surname may revert to the original legal name of the child.</p> <p style="text-align: right;">SIGNATURE OF RESCINDING PARTY _____</p> <p style="text-align: right;">Sworn to and subscribed before me this the _____ day of _____</p> <p style="text-align: right;">SIGNATURE OF NOTARY _____</p> <p style="text-align: right;">My commission expires: _____</p>		

### Instructions

1. This form is used to rescind (*cancel*) the legal finding of paternity created by a previously completed Acknowledgement of Paternity. It must be completed and filed with the Bureau of Vital Statistics within the earlier of:
  - a. 60 days from the date of the last signature on the Acknowledgement of Paternity, or
  - b. the date of a proceeding to establish child support for the child.
2. This form may be completed by either person (*father or mother*) who originally signed the Acknowledgement of Paternity.
3. This form must be signed by the rescinding party (*father or mother*) in the presence of a notary public.
4. When this form is properly completed and filed with the Bureau of Vital Statistics, the man on the Acknowledgement of Paternity will not longer be the legal father. **BASED ON THIS RESCISSION THE FATHER'S INFORMATION WILL BE REMOVED FROM THE BIRTH CERTIFICATE AND THE CHILD'S SURNAME MAY REVERT TO THE ORIGINAL LEGAL NAME OF THE CHILD.**
5. Send this completed form to the address at the top of this form.