



PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW.

Section 1: REQUIRED INFORMATION

This Rescission Statement may be completed by either signatory of a voluntary Acknowledgement of Paternity when the signatory wishes to rescind (cancel) their previously acknowledged paternity of the child named below. This Rescission Statement must be completed within sixty (60) days of the date of the original signing of the voluntary Acknowledgement of Paternity affidavit to be effective. This completed Rescission Statement must be filed with the State Office of Vital Records. (OCGA 19-7-46.1(B))

I, _____ (PRINT complete name of person rescinding Father/Mother) having previously acknowledged paternity of _____

(PRINT full name of child as shown on acknowledgment) born on _____

(Child's date of birth), in _____ County, Georgia to

_____ (PRINT full name of mother) do hereby rescind my

Voluntary acknowledgment of paternity that was originally signed on _____

I understand that by rescinding the previously signed voluntary Acknowledgement of Paternity affidavit within sixty (60) days of original date of its signing, this rescission will not cause or allow an amendment to be made to the birth certificate of the child named above. To have the father's name removed or other amendment made to the birth certificate, a determination of paternity must be made by a court of competent jurisdiction pursuant to OCGA 31-10-23. A certified copy of the court order that determines paternity and directs the amendment of the birth certificate of the child named above must be furnished to the State Office of Vital Records before this action can occur.

SIGNATURE OF RESCINDER	DATE SIGNED
ID TYPE	ID NUMBER PRESENTED
SIGNATURE OF WITNESS	DATE SIGNED