



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**



**Rescission of Denial of Paternity**

This is a legal document. **Type or print in ink by pressing hard.** No cross outs, correction fluid, or alterations allowed.

This form is used to withdraw your sworn statement denying 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, that was attached to your Form 03PA210E, Denial of Paternity.**

When this form is properly completed and filed with the OSDH Division of Vital Records, the man named as the natural father on Form 03PA209E, Acknowledgment of Paternity, will no longer be the legal father and his name is removed from the birth certificate. The child's last name will be changed to the mother's last name at the time of the child's birth. Your name will be added to the birth certificate as the father.

This form must be signed by the rescinding presumed father in the presence of a witness. The witness may not be another parent of the child. The witness may not be related to you.

**Section I. Child's information as it now appears on birth certificate**

Child's first name	Middle	Last	Sex, check one Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth (mo/day/yr)	Place of birth	City	County
			State

**Section II. 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

**Section III. Rescinding presumed father's information**

Presumed father's first name	Middle	Last	Suffix
Social Security number	Date of birth (mo/day/yr)	Area code	Daytime phone number
Present address	City	State	Zip code
Place of birth, City	County	State	
American Indian? Yes <input type="checkbox"/> No <input type="checkbox"/>	Enrolled? Yes <input type="checkbox"/> No <input type="checkbox"/>	What tribe(s)?	

**Section IV. Rescinding presumed father's signature**

By signing below, I declare under penalty of perjury that I have read and understand this Form 03PA213E, Rescission of Denial 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 my denial of paternity for the above-named child created by a previously completed Form 03PA210E, Denial of Paternity, on or about the date of \_\_\_\_\_.

_____ Rescinding presumed father's signature	_____ Date and place
_____ Signature of witness	_____ Printed name of witness

Distribution of copies: white to OSDH Division of Vital Records, yellow to OKDHS Oklahoma Child Support Services (OCSS), pink to Mother, Gold to Acknowledging Father, green to Rescinding Presumed Father.

### **Information for completing this Rescission of Denial 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 that was attached to your Form 03PA210E, Denial of Paternity.

This form may only be completed by a presumed father who originally signed the Denial of Paternity. The child's last name will be changed to the mother's last name at the time of the child's birth. In addition, the presumed father who previously denied paternity will be added to the birth certificate as the father.

Need help in deciding who is the biological father? You may obtain private genetic testing to determine paternity or receive those services with no up-front cost by opening a case with the Oklahoma Department of Human Services, Child Support Enforcement Division (CSED). The child must be less than two years old. If you have any questions about this form or CSED services, please contact CSED at 405-522-2273 in the Oklahoma City calling area, 918-295-3500 in the Tulsa calling area, or toll free at 1-800-522-2922.

### **Instructions for completing this Rescission of Denial of Paternity**

After this form has been completed, signed and witnessed, the rescinding presumed father gives the pink copy to the mother, the gold copy to the acknowledging father, and keeps the green copy. Do not separate the other pages of the Rescission. **Mail the white and yellow copies to:**

**Oklahoma State Department of Health  
Division of Vital Records  
P. O. Box 53551  
Oklahoma City, OK 73152**

Disclosure of your Social Security number, and the Social Security number of your child, is required by federal law. [42 USC §666] CSED 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.