



PATERNITY ACKNOWLEDGEMENT RESCISSION AFFIDAVIT

(Please read instructions on page 2 before filling out form)

This affidavit is made in accordance with section 742.10, Florida Statutes, for the purpose of rescinding the paternity acknowledgement made by me whereby I acknowledged the father of

Name of child (First, Middle, Last) who was born on Date of Birth (Month, Day, Year)

in County, Florida to Mother's MAIDEN name (First, Middle, Last)

to be Named Father's FULL Name. I understand that this rescission in itself will not affect the birth record and that a court order is required to remove the name of the father.

Check that which applies

Mother

Named Father

Signature

NOTARY section containing fields for State of Florida, County of, Sworn and subscribed before me on this day of, (Notary Signature), (Print Name of Notary), Personally Known OR Produced Identification, Type of Identification Produced.

Instructions for Paternity Acknowledgement Rescission Affidavit

This affidavit must be signed before a notarizing official and must be mailed to:
Bureau of Vital Statistics,
Attn.: Child Support Enforcement Unit,
P.O. Box 210, Jacksonville, Florida 32231-0042.

The Office of Vital Statistics will upon receipt, if within the 60 day rescission period prescribed in section 742.10, Florida Statutes, update the Vital Statistics database to indicate the rescission and file the affidavit in a sealed file only to be opened and its contents released pursuant to a court order.