

DECLARATION OF PATERNITY RESCISSION - INSTRUCTIONS

CS 915 English (4/08)

Who can use this form?

Either person who signed the Declaration of Paternity can use this form to cancel it **within 60 days** of signing the Declaration of Paternity, unless a court order for custody, visitation, or child support has been entered. This means either the man or the child's mother who signed the Declaration of Paternity has the opportunity to cancel the Declaration of Paternity. Only one person's signature is needed, but the other parent must be formally notified by certified, returned receipt mail, by the parent requesting that the Declaration of Paternity be rescinded.

Why use the Declaration of Paternity Rescission form?

This form **CANCELS** the legal father and child relationship created by the Declaration of Paternity form previously signed.

You must follow all directions carefully to cancel your Declaration of Paternity.

When do I need to complete the Declaration of Paternity Rescission form?

The Declaration of Paternity Rescission must be correctly completed, with all necessary documents attached and mailed to the California Department of Child Support Services **within 60 days** of the date the Declaration of Paternity was signed.

How do I complete the Declaration of Paternity Rescission form?

PLEASE FOLLOW THE DIRECTIONS BELOW TO CORRECTLY COMPLETE THE DECLARATION OF PATERNITY RESCISSION FORM:

1. Complete the Declaration of Paternity Rescission form in blue or black ink, printed clearly and neatly. The form may also be typed. Provide all the information required on the form, be sure to include the information requested regarding the other person who signed the paternity declaration.
2. You must notify the other person who signed the paternity declaration that you are requesting the paternity declaration be rescinded. You must do this by sending a copy of the completed rescission form, by certified, returned receipt mail to the other person who signed the Declaration of Paternity. Once you receive the signed, returned receipt from the other person, make a copy of the signed returned receipt to send to the Department of Child Support Services with your Declaration of Paternity Rescission form.
3. **Please remember the rescission form must be witnessed by a Notary Public.** You are declaring, under penalty of perjury, that you wish to rescind the Declaration of Paternity and you sent a copy of the Declaration of Paternity Rescission form to the other person notifying him/her of your request to rescind the declaration.

Where do I send the completed Declaration of Paternity Rescission form?

Once you have completed the form, the form has been witnessed by a notary and you have received the proof of mailing to the other person (the returned receipt), please mail all the required documentation to:

**California Department of Child Support Services
Paternity Opportunity Program
P. O. Box 419070
Rancho Cordova, CA 95741-9070**

Please remember the documents must be received by the DCSS, postmarked no later than 60 days after the date the original Declaration of Paternity was signed.

PRIVACY NOTICE – The Information Practices Act of 1977 (Civil Code §1798.17) and the Federal Privacy Act of 1974 (Title 5, United States Code §552a(e)(3), §7 Note) require that this notice be provided when collecting personal information and social security numbers from individuals. Information requested on this form is used by the Department of Child Support Services (DCSS) and local child support agencies for the purposes of identification and establishing paternity. The personal information may be shared with child support agencies, welfare agencies, courts and entities providing services to such agencies. Failure to provide the mandatory information may result in the rejection of filing the declaration with DCSS.

The agency official responsible for maintenance of the forms is: State Coordinator at the Paternity Opportunity Program of DCSS, Tel: (866-249-0773). Legal references authorizing solicitation and maintenance of this personal information include Title 42 United States Code §666(a)(13), Family Code §7570-7577, and §17212. Copies of the Declaration of Paternity are maintained in confidential files of the Department of Child Support Services. Declarants have the right of access to their filed declaration form(s) upon request by calling (866-249-0773).

DECLARATION OF PATERNITY RESCISSION

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Please refer to the instructions on the back of this page. Use blue or black ink. Type or print clearly. Either person who signed the Declaration of Paternity may use this form to rescind their filed Declaration of Paternity. Completing and filing this form cancels the legal father and child relationship created by the Declaration of Paternity that was filed with the Department of Child Support Services (DCSS). Please note that rescinding a Declaration of Paternity will not automatically remove a man's name from the birth certificate. This action requires a court order and an amendment request to the State Office of Vital Records.

THIS IS A LEGAL DOCUMENT. PLEASE READ AND COMPLETE CAREFULLY
DO NOT SIGN THIS FORM IF YOU DO NOT UNDERSTAND WHAT IT MEANS.

TYPE OR PRINT NAME OF PARENT SIGNING RESCISSION (FIRST, MIDDLE, LAST)

I, _____ declare as follows:

1. I signed the Declaration of Paternity form for the child listed below and have stated the date and the county and state where it was signed:

FIRST NAME OF CHILD	MIDDLE	LAST
CHILD'S DATE OF BIRTH (MONTH/DAY/YEAR)	COUNTY AND STATE WHERE SIGNED	DATE SIGNED (MONTH/DAY/YEAR)

2. The name and address of the **other** person who signed the Declaration of Paternity:

FIRST NAME OF OTHER PERSON	MIDDLE	LAST
STREET ADDRESS (APARTMENT NUMBER, CITY, STATE, ZIP CODE)		

3. My Social Security Number and date of birth is:

SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT ON BACK)	☐ BY CHECKING THIS BOX, I CERTIFY I DO NOT HAVE A SOCIAL SECURITY NUMBER	DATE OF BIRTH (MONTH/DAY/YEAR)
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4. I declare, **under penalty of perjury**, that a copy of this rescission was mailed to the other person who signed the Declaration of Paternity and **I have requested the original return receipt.**
5. I am including a copy of the original signed return receipt as proof of mailing to the other person who signed the Declaration of Paternity.
6. **I want to cancel the legal father and child relationship created by the Declaration of Paternity. I understand that signing this form will cancel the Declaration of Paternity, provided that it is postmarked and mailed to DCSS within 60 days of the date the Declaration of Paternity was signed by the last person to sign it.**

I declare, **under penalty of perjury**, under the laws of the State of California, that the foregoing is true and correct.

DATE EXECUTED (MONTH/DAY/YEAR)	YOUR SIGNATURE
STREET ADDRESS	APARTMENT NUMBER
CITY	STATE
ZIP CODE	

YOUR PHONE NUMBER

State of _____ County of _____
 On _____ before me, _____
 (here insert name and title of officer)
 personally appeared _____

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(SEAL)