

DECLARATION OF PATERNITY RESCISSION - INSTRUCTIONS

CS 915 (04/21/06)

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 also been entered. This means either the man or the child's mother who signed the Declaration of Paternity can cancel the Declaration of Paternity. Only one person's signature is needed, but the other parent must be formally notified by certified mail, by the parent who is signing the Declaration of Paternity Rescission form (see steps 1 - 4 below).

Why use the Declaration of Paternity Rescission form?

This form **CANCELS** the legal father and child relationship created by the Declaration of Paternity form you already 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?

For the Declaration of Paternity Rescission form to be valid, it must be completed, postmarked and mailed to the California Department of Child Support Services **within 60 days** of the date you signed the Declaration of Paternity.

How do I complete the Declaration of Paternity Rescission form?***TO CORRECTLY COMPLETE THE DECLARATION OF PATERNITY, FOLLOW STEPS 1 - 4 BELOW:***

1. Use blue or black ink. Type or print clearly and neatly.
2. Fill out the Declaration of Paternity Rescission form. **Sign the form in front of a Notary Public.** You are declaring, under penalty of perjury, that you sent a copy of the Declaration of Paternity Rescission form to the other person who signed the Declaration of Paternity.
3. Make (2) two copies of the signed Declaration of Paternity Rescission form. Keep one for your records.
4. Mail a copy of the Declaration of Paternity Rescission form to the other person who signed the Declaration of Paternity, using "Return Receipt Requested" mail from the Post Office. Once the signed return receipt comes back from the other person, **make a copy of the signed return receipt** to send with your Declaration of Paternity Rescission form.

Where do I send the Declaration of Paternity Rescission form after it is signed?

Once you have signed this form, please return this completed form **within 60 days** of signing the Declaration of Paternity, include a copy of the signed return receipt, and mail to:

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

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 the 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

CS 915 (04/21/06)

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 is:

| | | |
|--|--------|------|
| 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) | <input type="checkbox"/> BY CHECKING THIS BOX, I CERTIFY I DO NOT HAVE A SOCIAL SECURITY NUMBER | DATE OF BIRTH (MONTH/DAY/YEAR) |
|--|---|--------------------------------|

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 ON (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 the officer) | |
| personally appeared _____ | |
| personally known to me (or 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 signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. | |
| WITNESS my hand and official seal. | |
| Signature _____ | (SEAL) |