



Maine Center for Disease
Control and Prevention
*An Office of the
Department of Health and Human Services*

Maine Center for Disease Control and Prevention (Maine CDC)
220 Capitol Street
11 State House Station
Augusta, Maine 04333-0011
(207) 287-3771
Fax : (207) 287-1093 TTY Users: Dial 711 (Maine Relay)

Voluntary Acknowledgment of Paternity Rescission/Removal

(As Authorized by Title 19A §1616)

Please check appropriate copy: State copy Place of birth Place of residence

This form is for the person who within 60 days of signing an acknowledgment of paternity wants to have the father's name and the acknowledgment of paternity removed from the child's birth certificate. This process is called a **“rescission.”** If 60 days have passed, the person must go to court and prove the acknowledgment of paternity was signed on the basis of fraud, duress or material mistake of fact. This form can only be completed by the mother and/or father. All signatures must be notarized and the form sent to the Maine CDC vital records office to the address listed above.

Fill out the form below and print, or print and then fill out the form using black ink.

I, _____, signed an acknowledgment of paternity for
(Name of person rescinding)
 _____, born in _____
(Full name of child as shown on Certificate of Birth) (City or town)
 on _____.
(mm/dd/yyyy)

I want to take the acknowledgement of paternity and the father's name off of the child's birth record. I understand that this can only be done within 60 days of when the original acknowledgement of paternity was signed. I also understand that the other party who signed the acknowledgement of paternity will be notified of this process.

Name of other person who signed: _____

Last known address: _____

Dated this day _____
(mm/dd/yyyy)

▶▶ _____
(Signature of person rescinding) (Address of person rescinding)

▶▶ _____
(Signature of Notary Public/Municipal Clerk)

My term expires: _____

State/county of: _____

Town/city of: _____