



**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)  
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## RESCISSION/REMOVAL OF ACKNOWLEDGMENT OR DENIAL OF PATERNITY

(Please type or print clearly in black ink.)

<b>SECTION 1. Child's information as it appears on the Acknowledgment of Paternity (AOP) form</b>				
<b>CHILD</b>	1. Child's Name (First, middle, last, suffix)		2. Date of Birth (mm/dd/yyyy)	3. Sex
	4. Place of Birth (City or town)	5. County of Birth	6. Type of Place of Birth <input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Home Birth <input type="checkbox"/> Other (Specify) _____	
	7. Facility Name (If not an institution, give street and number)		8. Facility Address (Street and number, city/town, state, zip code)	
<b>SECTION 2. Parent's information as it appears on the Acknowledgment of Paternity (AOP) form</b>				
<b>MOTHER</b>	9. Mother/Parent Current Legal Name (First, middle, last, suffix)		10. Mother/Parent Name Prior to First Marriage (First, middle, last, suffix)	
	11. Date of Birth (mm/dd/yyyy)	12. Birthplace (State, Territory, or Foreign Country)	13. Social Security Number (xxx-xx-xxxx)	
	14. Mother/Parent Residence Address (Street and number, city/town, state, zip code)			
<b>FATHER</b>	15. Father/Parent Current Legal Name (First, middle, last, suffix)		16. Father/Parent Name Prior to First Marriage (First, middle, last, suffix)	
	17. Date of Birth (mm/dd/yyyy)	18. Birthplace (State, Territory, or Foreign Country)	19. Social Security Number (xxx-xx-xxxx)	
	20. Father/Parent Residence Address (Street and number, city/town, state, zip code)			
<b>SECTION 3. Presumed father's information as it appears on the Denial of Parentage (DOP) form (if applicable)</b>				
<b>PRESUMED PARENT</b>	21. Father/Parent Current Legal Name (First, middle, last, suffix)		22. Father/Parent Name Prior to First Marriage (First, middle, last, suffix)	
	23. Date of Birth (mm/dd/yyyy)	24. Birthplace (State, Territory, or Foreign Country)	25. Social Security Number (xxx-xx-xxxx)	
	26. Father/Parent Residence Address (Street and number, city/town, state, zip code)			
<b>SECTION 4. Rescinding party's information</b>				
<b>RESCINDING PARTY</b>	<b>STATEMENT OF RESCINDING PARTY: I understand this legal document is used to withdraw the legal father and child relationship created by the Acknowledgment of Paternity (AOP) form that was filed with the Maine Department of Health and Human Services, Data, Research, and Vital Statistics (DRVS) office. This form must be completed and submitted to DRVS prior to the 60<sup>th</sup> day after the effective date of the acknowledgment and prior to a court proceeding to adjudicate parentage related to the child. I understand that all parties who signed (signatories) the AOP, and DOP if applicable, must be notified of this process.</b>			
	Signature of Rescinding Party ▶			Date Signed (mm/dd/yyyy)
<b>SECTION 5. Notary Public/Municipal Clerk:</b> The above individual personally appeared before me and made oath to the truth of the foregoing statements.				
<b>STATEMENT</b>	State of: _____ County of: _____ Signed or attested before me on (mm/dd/yyyy): _____ Commission Expiration Date: _____			
	Signature of Notary Public/Municipal Clerk ▶			Date Signed (mm/dd/yyyy)
<b>Data, Research, and Vital Statistics Use ONLY</b>				
<input type="checkbox"/> The AOP, and DOP if applicable, was filed with DRVS on _____ and is within the 60 day limitation specified in Title 19-A §1867. <input type="checkbox"/> Written notification of the request for rescission/removal has been sent to the following parties who signed (signatories) the AOP, and DOP if applicable: <input type="checkbox"/> The mother listed on the AOP, and DOP if applicable, on (mm/dd/yyyy) _____. <input type="checkbox"/> The father listed on the AOP on (mm/dd/yyyy) _____. <input type="checkbox"/> The presumed parent listed on the DOP on (mm/dd/yyyy) _____.				