

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
Bureau of Health Statistics

For State Office Use Only	
Certification # _____	
Docket # _____	
Date Received _____	
Date Completed _____	

RESCISSION OF PATERNITY AFFIDAVIT

PLEASE READ THE OTHER SIDE OF THIS FORM CAREFULLY BEFORE COMPLETING! Effective July 1, 1997, a completed paternity affidavit may be rescinded with the Iowa Department of Public Health under certain conditions (Iowa Code 252A.3A.12).

APPLICANT: Complete Parts 1 and 2. Type or print legibly. Do **not** use all capital letters.

PART 1. IDENTIFYING INFORMATION OF CHILD

CHILD'S CURRENT NAME First	Middle, if any	Last (surname)	Suffix (Jr., II, III, IV, V)
CHILD'S NAME AT BIRTH First	Middle, if any	Last (surname)	Suffix (Jr., II, III, IV, V)
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (Month, Day, Year)	City and County of Birth	

PART 2. IDENTIFYING INFORMATION OF MOTHER AND ALLEGED BIOLOGICAL FATHER

Mother's Name First	Middle, if any	Last Name (surname) Before Any Marriage	Current Last Name (surname)
Last Known Mailing Address (Street Address or P.O. Box)		(City, Town or Location)	(State and Zip Code)
Alleged Father's Name First	Middle, if any	Last (surname)	Suffix (Jr., Sr., I, II, III, IV, V)
Last Known Mailing Address (Street Address or P.O. Box)		(City, Town or Location)	(State and Zip Code)

Latest Date of Paternity Affidavit Signature _____ **Date Notice of Child Support Served (if applicable)** _____

PART 3. AFFIRMATION – Applicant to sign and date in the presence of an authorized notary public.

I affirm that the alleged father named above is not the father of this child as I originally agreed to in a Voluntary Paternity Affidavit. I understand that by rescinding the paternity affidavit, no future affidavit may be registered by the same mother and alleged father for the child named above. I further understand that the other party to the original paternity affidavit (mother/alleged father) will be duly notified of this rescission in writing to their last known address.

Signature of mother or alleged father only _____ **Date Signed** _____

State of _____ County of _____ ss _____

Signed and affirmed in my presence _____
Write name exactly as appears on government-issued photo I.D.

NOTARY SEAL

Notary Public's Signature _____ **Date Signed** _____

Notary Address & Expiration _____

(See other side for instructions and general information)

INSTRUCTIONS and GENERAL INFORMATION

When may this form be used?

Effective July 1, 1997, a completed voluntary paternity affidavit may be rescinded by registration with the Iowa Department of Public Health under certain conditions (Ch. 252A.3A.12, Code of Iowa). The completed rescission form must be notarized and received by the state registrar within the earlier of either 60 days from the latest notarized parental signature on the original paternity affidavit, or entry of a court order regarding the child by the Iowa Child Support Recovery Unit.

Who may apply to rescind an Affidavit of Paternity?

Application to rescind a paternity affidavit may only be made by either the mother or the alleged father who originally completed and signed the paternity affidavit. By completing and signing this form in front of a Notary Public, the applicant is attesting that the alleged father is not the biological father of the child named on this form as previously agreed. Approval of this rescission request will remove the alleged father's information from the birth certificate and revert the child's last name to the last name as it was listed on the birth record prior to the voluntary paternity affidavit.

What should the applicant do?

Complete Parts 1 and 2 of this form, except for your signature. Type or print clearly. Do not use all capital letters.

Sign this form only in front of a notary public. Notary services are available locally, including any banking institution, your County Recorder office, OR, visit the state vital records office.

Submit this completed form and fee payment directly to the Iowa Department of Public Health, Bureau of Health Statistics, Lucas State Office Building, 1st Floor, 321 E. 12th Street, Des Moines, Iowa 50319.

What should the Notary Public do?

Review this form to ensure that the applicant has completed sections 1 and 2. Complete section 3 per satisfactory identification and signature requirements. The applicant must show current, valid photo identification and sign this form in front of you. Apply your signature and affix any seal to this form only. Due to the nature of rescission registration deadlines, this completed form and the fees should be promptly remitted to the state vital records office at the address listed in the previous paragraph.

What will it cost the applicant?

The fee to register and process the Rescission of Paternity Affidavit is \$15.00. All fees are payable in U.S. funds by check or money order to the Iowa Department of Public Health. Any certified copy previously issued by the state vital records office must be returned with the completed rescission form. A replacement copy will be issued to the entitled holder of the certificate. **Additional certified copies may be acquired by entitled persons for the regular \$15.00 fee.** Note that once the previously alleged father's information has been removed from the birth record, he and his family are not entitled to any certified copy of this record.

What will the state vital records office do?

Your request to rescind the paternity affidavit will be verified for accuracy and registration deadline requirements. Upon approval, the previously alleged father's information from the paternity affidavit will be removed from the birth certificate. The state vital records office will also send a written notification of the rescission to the last known address of the other party involved in the paternity affidavit (mother or alleged father).

BE SURE TO INCLUDE A COPY OF YOUR CURRENT GOVERNMENT-ISSUED PHOTO ID & \$15.00 FEE.

For more information or assistance:

Additional information, assistance, and rescission forms are available from the state office of vital records. Visit the state office in Des Moines or call 515-281-4944 and ask for the paternity clerk. Forms may also be obtained from a County Recorder's office or Child Support Recovery Unit office.