

ARKANSAS DEPARTMENT OF HEALTH
VITAL RECORDS
RESCISSION OF
ACKNOWLEDGMENT OF PATERNITY

STATE OF ARKANSAS

TYPE/PRINT IN PERMANENT BLACK
SEE INSTRUCTION SHEET

CHILD'S INFORMATION

Name—First, Middle, Last (As it appears on the Birth Certificate)	Date of Birth
Place of Birth (City, County, State)	Telephone Number

MOTHER'S INFORMATION

Name—First, Middle, Last	Maiden Name	Social Security Number	Date of Birth
Residence Address (Street, City, State, Zip)			Telephone Number

FATHER'S INFORMATION

Name—First, Middle, Last	Suffix (Jr., Sr.,)	Social Security Number	Date of Birth
Residence Address (Street, City, State, Zip)			Telephone Number

RESCISSION PARTY'S INFORMATION

Name—First, Middle, Last	Social Security Number	Date of Birth
Residence Address (Street, City, State, Zip)		Telephone Number

I understand that by completing this form and filing it with Vital Records I am rescinding my acknowledged paternity for the above named child created by a previously completed Acknowledgment of Paternity. I affirm that neither administrative nor judicial proceedings have been held which pertains to this child and to which I am a party. I understand that my failure to accurately complete this document and file it with Vital Records within 60 days of the date that I signed the original Acknowledgment of Paternity will render this rescission ineffective. I understand that Vital Records will send a notification of this action to other parent(s) listed on the child's birth certificate.

Rescinding Party's Signature (Current legal name) _____ Date Signed _____ Print Full Name _____	State of _____ County of _____ Signed and affirmed before me on the _____ day of _____ in the year of _____ _____ Signature of Notary Public My Commission Expires on _____
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Instructions for completion of Rescission of Acknowledgement of Paternity

1. The VR 25 Form is used to rescind (cancel) the legal finding of paternity which was created by a previously completed affidavit acknowledging paternity. The form must be accurately completed and filed with Vital Records within:
 - 60 days of executing the Acknowledgment of Paternity (or)
 - Prior to the date that an administrative or judicial proceeding, including a proceeding to establish a support order, is held relating to the child and to which the person executing the voluntary acknowledgement is a party, whichever date occurs first.
2. Either parent may file the VR 25 form.
3. Type or print every space on the form. If printing, use black ink. If we do not receive enough information to find the child's birth certificate, the change may not be completed. The form must be signed before a Notary and must contain a notary signature and seal. Forward the VR 25 form and a check or money order for \$15.00 to the:

Arkansas Department of Health
Vital Records
4815 W. Markham St., Slot 44
Little Rock, Arkansas 72205

4. If the form is not filed with Vital Records within the 60-day period, the rescission is ineffective and your name will not be removed from the child's birth certificate.
5. You should also send a copy of the VR 25 form to the Office of Child Support Enforcement (OCSE) for the administrative of child support activities. After you are removed from the child's birth record, you may not be authorized to receive a copy of the new certificate. OCSE's address is:

Office of Child Support Enforcement
P.O. Box 8133
Little Rock, Arkansas 72203