State of New Jersey
Rescission of Certificate of Parentage

Date Certificate of Parentage Signed (Month DD, YYYY)	
Mother	**Rescinding Father**

Date Rescission Signed (Month DD, YYYY)	
Mother	**Rescinding Father**

This legal document disestablishes paternity under New Jersey law. Type or print in blue or black ink. The State of New Jersey **WILL NOT** accept any cross-outs,white-out or any other type of alteration.

Child

Name as it Appears on Original Birth Certificate (First, Middle, Last)	New Last Name To Be (If Applicable)	Sex (Check One)
		☐ Male ☐ Female

Social Security Number	Date of Birth (MM/DD/YYYY)	City/Town of Birth	County of Birth	State of Birth

Mother

Name (First, Middle, Last)	Phone Number	Social Security Number

Date of Birth (MM/DD/YYYY)	City/Town of Birth	County of Birth	State of Birth	Country of Birth

Mailing Address	City/Town	State	Zip Code

Employer Name and Address	City/Town	State	Zip Code

I certify under penalty of perjury that to the best of my knowledge, the above information is true and that I am signing this Rescission within 60 days of the Certificate of Parentage. I understand the consequences of this Rescission, including the loss of legal rights and benefits for my child and removal of the rescinding father's information from my child's birth certificate. By signing this Rescission, I am not waiving my right to later bring legal action against the below-named man to establish paternity.

X _____ _____

Signature of Mother — Date (Month DD, YYYY)

I, _____ (Print Name), hereby certify that the above-named has identified herself to me as the signer.

X _____ _____

Signature of Notary Public or Witness — Date (Month DD, YYYY)

Rescinding Father

Name (First, Middle, Last)	Phone Number	Social Security Number

Date of Birth (MM/DD/YYYY)	City/Town of Birth	County of Birth	State of Birth	Country of Birth

Mailing Address	City/Town	State	Zip Code

Employer Name and Address	City/Town	State	Zip Code

I certify under penalty of perjury that to the best of my knowledge, the above information is true and that I am signing this Rescission within 60 days of the Certificate of Parentage. I understand the consequences of this Rescission, including the loss of legal rights and benefits for the above-named child and removal of my information from the child's birth certificate. By signing this Rescission, I am not waiving my right to later bring legal action to establish paternity and understand that such an action may be brought against me.

X _____ _____

Signature of Rescinding Father — Date (Month DD, YYYY)

I, _____ (Print Name), hereby certify that the above-named has identified himself to me as the signer.

X _____ _____

Signature of Notary Public or Witness — Date (Month DD, YYYY)

This Rescission must be filed with the State IV-D Agency or its designee. If you have any questions about filing this Rescission, call 1-800-POP-6607.

REV.06-2018