

## REVOCATION OF NOTICE OF INTENT TO CLAIM PATERNITY

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby rescind my

**WARNING:** This is a governmental document. Texas penal code, section 37.10, specifies penalties for making false entries or providing false information in this document.

VS-132 Rev 12/2005

Name of Registrant Social Security Number

previous notice of intent to claim paternity for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born on

Name of Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. To the best of my knowledge

Date of Birth Name of Mother

or belief, I am not the father of this child or a court has adjudicated paternity and someone

other than myself has been determined to be the father.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Man Date Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness Date Signed

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_\_\_\_\_\_\_\_ (Date) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary Public

[SEAL] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

My Commission expires on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The man’s signature on this rescission statement must be either witnessed or notarized.**

Mail to:

**Paternity Registry**

Vital Statistics

Texas Department of State Health Services

1100 West 49th Street

Austin, Texas 78756-3199

Toll Free #: (888) 963-7111 Ext. 7782

<https://www.dshs.texas.gov/vs/paternity/>