



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**REVOCATION OF NOTICE OF INTENT TO CLAIM PATERNITY
 PUTATIVE FATHER REGISTRY**

MAIL TO:
 DHSS - Bureau of Vital Records
 930 Wildwood Dr.
 Jefferson City, MO 65109

PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM

This is a legal document. Type or print everything except your signature. Use BLACK INK only. Please complete all items. If an item is not known, provide best estimate.

- A father who has filed a notice of intent to claim paternity may at any time **revoke** a notice of intent to claim paternity previously filed by completing this form in the presence of a notary. Upon receipt of such notification by the registry, the revoked notice of intent to claim paternity shall be deemed a nullity nunc pro tunc.
- An **unrevoked** notice of intent to claim paternity of a child may be introduced in evidence by any party, other than the person who filed such notice, in any proceeding in which such fact may be relevant.

For more info, visit: www.health.mo.gov/vitalrecords or call the Bureau of Vital Records at (573) 751-6387.

CHILD'S INFORMATION

CHILD'S FULL NAME FIRST	MIDDLE	LAST	DATE OF BIRTH (MONTH/DAY/YEAR)
PLACE OF BIRTH (CITY, COUNTY, STATE)		SEX	HOSPITAL OF BIRTH

MOTHER'S INFORMATION

MOTHER'S FULL NAME FIRST	MIDDLE	LAST	NAME PRIOR TO FIRST MARRIAGE	
PLACE OF BIRTH (CITY, STATE)		DATE OF BIRTH (MONTH/DAY/YEAR)	SOCIAL SECURITY NUMBER	
EDUCATION (HIGHEST GRADE COMPLETED)		RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK	<input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER (SPECIFY) _____	
CURRENT ADDRESS NUMBER AND STREET		CITY	STATE	ZIP CODE
TELEPHONE NUMBER (PLEASE INCLUDE AREA CODE)		EMPLOYER		

FATHER'S INFORMATION

FATHER'S FULL NAME FIRST	MIDDLE	LAST		
PLACE OF BIRTH (CITY, STATE)		DATE OF BIRTH (MONTH/DAY/YEAR)	SOCIAL SECURITY NUMBER	
EDUCATION (HIGHEST GRADE COMPLETED)		RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK	<input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER (SPECIFY) _____	
CURRENT ADDRESS NUMBER AND STREET		CITY	STATE	ZIP CODE
TELEPHONE NUMBER (PLEASE INCLUDE AREA CODE)		EMPLOYER		

I acknowledge that I have formerly received written or oral notice regarding the Putative Father Registry, and that I understood my alternatives and the time limits for filing, and the responsibilities that could arise from signing such acknowledgment. However, I now swear that I am not the natural father of the child named above and it is my intent to revoke my intent to claim paternity of this child. I am requesting that this revocation of acknowledgement be registered with the "Putative Father Registry" maintained by the Missouri Department of Health and Senior Services.

MUST BE SIGNED IN PRESENCE OF NOTARY ►	FATHER'S SIGNATURE		DATE SIGNED
	NOTARY EMBOSSE	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME THIS DAY OF YEAR		USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY NAME (TYPED OR PRINTED)		