

Vital Records Office
Vermont Department of Health
280 State Drive
Waterbury, VT 05671-8370
802-863-7275 or 800-439-5008 (in VT only)

Rescission or Removal of Voluntary Acknowledgment or Denial of Parentage

Please type or print clearly.

Section 1. Child's information as it appears on the Voluntary Acknowledgment of Parentage (VAP) form

1. Child's Name (First, Middle, Last, Suffix)	2. Date of Birth (mm/dd/yyyy)
3. City or Town, County, and State of Birth	

Section 2. Parent's information as it appears on the Voluntary Acknowledgment of Parentage (VAP) form

Birth Parent

4. Parent's Current Legal Name (First, Middle, Last, Suffix)	5. Social Security Number
6. Date of Birth (mm/dd/yyyy)	7. Birthplace (State, Territory or Foreign Country)
8. Mailing Address (Street and Number, City/Town, State, Zip Code)	

Parent

9. Parent's Current Legal Name (First, Middle, Last, Suffix)	10. Social Security Number
11. Date of Birth (mm/dd/yyyy)	12. Birthplace (State, Territory or Foreign Country)
13. Mailing Address (Street and Number, City/Town, State, Zip Code)	

Section 3. Presumed or alleged genetic parent’s information as it appears on the Denial of Parentage (DOP) form (if applicable)

14. Parent’s Current Legal Name (First, Middle, Last, Suffix)	15. Social Security Number
16. Date of Birth (mm/dd/yyyy)	17. Birthplace (State, Territory or Foreign Country)
18. Mailing Address (Street and Number, City/Town, State, Zip Code)	

Section 4. Rescinding party’s information

Statement of Rescinding Party: I understand this legal document is used to withdraw the legal parent and child relationship created by the Voluntary Acknowledgment of Parentage (VAP) form that was filed with the Vermont Department of Health’s Vital Records Office. This form must be completed and submitted to the Vital Records Office prior to the 60th day after the effective date of the acknowledgment or denial and prior to a court proceeding to adjudicate parentage related to the child. I understand that all parties who signed (signatories) the VAP, and DOP if applicable, must be notified of this process.

I am rescinding my Voluntary Acknowledgment of Parentage form.

I am rescinding my Denial of Parentage form.

Rescinding Party

Signature of Rescinding Party	Date Signed (mm/dd/yyyy)
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Witness

Signature of Witness	Date Signed (mm/dd/yyyy)
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Vital Records Office Use Only

- The VAP, and DOP if applicable, were filed with the Vital Records Office on _____ and this rescission is within the 60-day limitation specified in 15C V.S.A. §307.
- Written notification of the request for rescission or removal has been sent to the following parties who signed (signatories) the VAP and DOP if applicable:
 - The parent listed on the VAP, and DOP if applicable, on (mm/dd/yyyy) _____
 - The parent listed on the VAP on (mm/dd/yyyy) _____
 - The presumed or alleged genetic parent listed on the DOP on (mm/dd/yyyy) _____

Date Received: _____