

**STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
OFFICE OF VITAL STATISTICS**

NOTICE OF WITHDRAWAL OF PATERNITY ACKNOWLEDGMENT

I, _____, signed an acknowledgment of paternity for
(Your name)
_____ Date of birth: _____ on _____
(Child's name) (Date paternity acknowledgment was signed)

A copy of this notice of withdrawal was provided to me with the paternity acknowledgment form. Having reconsidered my action signing the acknowledgment, I hereby withdraw, cancel and rescind my acknowledgment.

I understand that this withdrawal is useless and of no effect unless it is filed with the Montana Department of Public Health and Human Services within 60 days of the date the paternity acknowledgment was signed, or before a support or paternity order for the child is entered, whichever is earlier. I understand that to file this document, I must present it in person to the department at the address below, or mail it to the department at the mailing address below so that it is received and available for filing with the department's vital records before the withdrawal period ends.

I further certify that I have provided a copy of this notice to the other party who signed the acknowledgment of paternity.

Signature

Date

State of: _____
County of: _____

_____ personally appeared before me. His identity as the signer of the above instrument was proved to me, and he acknowledged that he executed it.

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public Signature

SEAL

Printed Name of Notary

Notary Public for the State of: _____

Residing at: _____

My Commission Expires: _____

INSTRUCTIONS FOR FILING THIS WITHDRAWAL NOTICE

You may file this document:

IN PERSON:

DPHHS

Office of Vital Statistics

111 Sanders St., Rm 209

Helena, MT 59620

OR

BY MAIL:

DPHHS

Office of Vital Statistics

PO Box 4210

Helena, MT 59604-4210