



DOH 422-157 January 2021

RESCISSION OF PARENTAGE
THIS IS A LEGAL DOCUMENT
COMPLETE IN INK AND DO NOT ALTER

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507
360-236-4300
Fees: \$18 Filing Fee
\$25 Birth Certificate

Information as it Appears on the Child's Birth Certificate

1. Child's First Name, 2. Middle Name, 3. Last Name, 4. Date of Birth (MM/DD/YYYY), 5. City or County of Birth, 6. Place of Birth- Name of hospital or location where child was born, 7. Birth Parent/Mother's First, Middle, and Last Name

Rescinding Party's Information

The rescinding party must sign in the presence of either a notarial officer OR witness, not both. All fields are required, except for the notarial appointment expiration date when signed by a third party witness.

Statement of Rescinding Party: I understand this legal document is used to withdraw the legal parent-child relationship created by filing the Acknowledgment of Parentage (AOP) and Denial of Parentage (DOP) form, if applicable, with the Department of Health, Center for Health Statistics. This form must be completed and submitted to the Department of Health, Center for Health Statistics within a maximum of 60 days after the AOP or DOP form is filed or before the first court proceeding to adjudicate parentage related to the child, whichever happens first. I understand that all parties who signed the AOP and DOP, if applicable, will be notified by the Department of Health. Once a complete rescission is filed, the child's birth record will change back to the prior record information before the acknowledgment or denial of parentage form was filed.

() I am rescinding my Acknowledgment of Parentage form.

() I am rescinding my Denial of Parentage form.

I, the rescinding party, declare under penalty of perjury under the laws of the state of Washington that I have been provided with and understand the rights and responsibilities, as written on the back of this form, and that the information I have provided is true and correct.

8. Full Name, 9. Telephone, 10. Email, 11. Address, 12. City, 13. State, 14. Zip

Rescinding Party's signature _____

Signed and sworn before me on _____ by _____
Date (MM/DD/YY) Print Full Name of Rescinding Party

State of _____, County of _____

Signature of Witness or Notarial Officer, Title of Office (if Notary)

Printed Full Name of Witness or Notarial Officer, My commission expires _____, Notary Use Only

Place notary seal here

STATEMENTS OF RESCISSION

By signing this form, you declare under penalty of perjury under the laws of Washington State that you understand the following:

- The Rescission of Parentage (ROP) is a legally binding form. The legal basis for this form are chapters 26.26A and 26.26B of the Revised Code of Washington (RCW).
- This form is voluntary and does not require a court proceeding. Alternatively, you may choose to challenge parentage through state or tribal court.
- You have the right to talk with an attorney before signing this form. If you do not understand this information or have further questions, you should talk to an attorney.
- If you are not sure that you are the parent of the child and the child resides in Washington State, you may open a child support case with the Division of Child Support (DCS). In most cases, you will be required to submit to genetic tests to decide parentage. The genetic parent may be responsible for the costs of the test. To locate the DCS office nearest to you, call **1-800-442-5437**. You can find additional information about parentage establishment in the booklet entitled “Establish Parentage for Your Child’s Sake.” It is available at hospitals, birthing centers, and DCS offices (RCW 26.26A.300 through 26.26A.515).
- Any individual who signed an AOP or Denial of Parentage (DOP) may change their mind and rescind (which means to revoke or cancel). To rescind, a Rescission of Parentage form must be filed with the Department of Health, Center for Health Statistics within a maximum of **60 days** after the AOP or DOP is filed **or** before the first court proceeding, which ever happens first (RCW 26.26A.235).
- Once a complete Rescission of Parentage form is filed, the child’s birth record will change back to the prior record information before the acknowledgment or denial of parentage form was filed.
- A challenge to either an AOP or a DOP after the period for rescission has passed is permitted only for limited reasons including fraud, duress, or factual mistake. It must be brought to Superior Court and the challenger has the burden of proof. A challenge must be brought within 4 years from the date the AOP is filed with the Department of Health, Center for Health Statistics (RCW 26.26A.235 through 26.26A.245).
- Only a court may determine custody and visitation issues for the child. Either parent may ask Superior Court to make residential provisions or a parenting plan after the 60-day rescission period has elapsed. The court may require the parent to pay costs (RCW 26.26A.400 through 26.26A.515).
- For the purpose of this form, “witnessed” means at least one individual who is authorized to sign has signed a record to verify that the individual personally observed a signatory sign the record (RCW 26.26A.010(23)). A person signing the witnessed statement must be at least 18 years of age and not related by blood or marriage to the individuals who sign a voluntary acknowledgment of parentage, denial of parentage, or rescission of parentage form.
- “Notarial officer” means a notary public or other individual authorized to perform a notarial act (RCW 42.42.010(9)).

INSTRUCTIONS FOR RESCISSION OF PARENTAGE FORM

The rescinding party should carefully read all instructions before completing and signing the Rescission of Parentage (ROP). The ROP must be either notarized or witnessed, not both, to be filed with the Department of Health, Center for Health Statistics. **We cannot file forms with missing information and will return the form to the person signing the rescission.**

Instructions for completing the ROP:

- The person signing the rescission must sign page 1 in the presence of a notary or witness.
- The witness or notary must sign, print their name, and date on page 1.
- Submit completed ROP form with a **non-refundable** \$18 check or money order payable to DOH.
- Send all forms and payments to:

Department of Health
Center for Health Statistics
PO Box 9709
Olympia, WA 98507

What is a ROP?

A ROP is a legal form used to reverse changes made to a birth certificate by an Acknowledgment of Parentage (AOP) or Denial of Parentage (DOP) form. You can rescind AOP and DOP forms.

The ROP form must be completed and filed on or before 60 days after the AOP or DOP form is filed or before the first court hearing to determine parentage relating to the child, whichever happens first.

What happens after a ROP form is filed?

When a ROP form is filed, the child's birth record will reverse to how it was before the AOP or DOP was filed. We will send a letter to everyone who signed the AOP and DOP using the address provided on the forms, notifying them that a rescission was filed.

When can a ROP be used?

A ROP can only be used if:

- It is completed and filed on or before 60 days after the AOP or DOP form is filed or before the first court hearing, whichever happens first.
- Parentage has not been decided on by a court.

Who can Sign?

The ROP form can only be signed by the person who signed the AOP or DOP form.

Do I need a notary or a witness?

Yes. The person signing the rescission must sign in front of either a notary **OR** a witness. The notary or witness must also complete the signature block. Common notary locations include hospitals, local banks, title companies, and attorneys/county clerks. A person signing the witnessed statement must be at least 18 years of age and not related by blood or marriage to the individual who signs a ROP form. The local child support offices will serve as witnesses. Center for Health Statistics staff will not serve as witnesses.

If you need help understanding your rights and responsibilities as parents and the alternatives to, and consequences of, signing this form, call the Division of Child Support at 1-800-442-5437.