

**STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS  
VITAL RECORDS REGISTRY**

**REVOCACTION OF AUTHENTIC ACT OF ACKNOWLEDGMENT OF PATERNITY**

*pursuant to LSA-R.S. 9:406 A (1)(a)*

I, \_\_\_\_\_ (*print the name of the acknowledging father or the mother of the child*) declare under oath, and before the undersigned notary public and two competent witnesses, that on / / (date), I executed, or concurred with, an acknowledgment of paternity for the child named \_\_\_\_\_, who was born on \_\_\_\_\_, at \_\_\_\_\_ Parish, and that by virtue of this present instrument I wish to revoke said acknowledgment of paternity pursuant to LSA-R.S. 9:406 A (1)(a).

The name of the other parent who executed or concurred with the acknowledgment of paternity is \_\_\_\_\_ and to the best of my knowledge and belief this party's current address is \_\_\_\_\_.

My social security number is \_\_\_\_\_, my date of birth is \_\_\_\_\_, and my current address is \_\_\_\_\_.

I understand that the effect of revoking the acknowledgment of paternity which was executed on \_\_\_\_\_, is that (1) the acknowledgment of paternity will be rescinded (2) the acknowledging father's name will be removed from the line on the original birth certificate reserved for the father of the child and (3) the subject child's surname will revert to the mother's maiden name.

Signature of Affiant Date \_\_\_\_\_

Print Name of Affiant \_\_\_\_\_

Witness \_\_\_\_\_ Witness \_\_\_\_\_

Printed Name of Witness \_\_\_\_\_ Printed Name of Witness \_\_\_\_\_

Sworn to and subscribed before me, Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary's Signature \_\_\_\_\_

Notary Number \_\_\_\_\_

Printed Name of Notary \_\_\_\_\_

My commission expires at \_\_\_\_\_

---

<sup>1</sup> date stamped by the post office within sixty days of execution