



DEPARTMENT OF  
**PUBLIC HEALTH &  
HUMAN SERVICES**

**OFFICE OF VITAL RECORDS  
NOTICE OF WITHDRAWAL OF PATERNITY ACKNOWLEDGMENT**

I, \_\_\_\_\_, signed an acknowledgment of paternity for  
(Your name)

\_\_\_\_\_ on \_\_\_\_\_  
(Child's name) (Date paternity acknowledgment was signed)

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: \_\_\_\_\_

**Verification of Signer's ID is Mandatory**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

This Document was signed and sworn to (or affirmed) before me on \_\_\_\_\_  
(Date)

by \_\_\_\_\_  
(Name of Signer)

\_\_\_\_\_  
(Notary Signature)

[Official Stamp]

**INSTRUCTIONS FOR FILING THIS WITHDRAWAL NOTICE**

*You may file this document either in person or by mail.*

**In person at:**

Office of Vital Records  
111 Sanders St., Rm 6  
Helena, MT 59620

**Mail to:**

Office of Vital Records  
PO Box 4210  
Helena, MT 59604