

CALIFORNIA VOLUNTARY DECLARATION OF PARENTAGE (VDOP) - RESCISSION

DCSS 0915 (01/01/2020)

Please refer to the instructions and frequently asked questions on the back of this form. Either parent who signed the Voluntary Declaration of Parentage (VDOP) may use this form to rescind (cancel) their filed VDOP. Filing this form rescinds (cancels) the legal other parent relationship created by the VDOP that was filed with the Department of Child Support Services (DCSS), Parentage Opportunity Program (POP). **Please note that rescinding a VDOP will not automatically remove a parent's name from the birth certificate. This action requires a court order and an amendment request to the Department of Public Health, Vital Records.**

REQUIRED REQUESTOR INFORMATION

First Name		Last Name	
Social Security Number (See Privacy Statement Below)	By checking this box I certify I DO NOT have a Social Security Number <input type="checkbox"/>	Date of Birth	
Requestor's Mailing Address (Number and Street)	APT/SPC/Unit	City	State Zip Code
Requestor's Direct Phone Number	Requestor's Email Address		

I SIGNED THE VDOP FORM FOR THE CHILD LISTED BELOW

First Name	Last Name	Date of Birth	Date VDOP was Signed
------------	-----------	---------------	----------------------

I MUST NOTIFY THE OTHER PARENT WHO SIGNED THE VDOP LISTED BELOW BY MAIL (RETURN RECEIPT REQUESTED)

Other Parent's First Name	Other Parent's Last Name
Other Parent's Mailing Address (Number and Street)	APT/SPC/Unit City State Zip Code

THIS IS A LEGAL DOCUMENT - DO NOT SIGN THIS FORM UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM

- I declare that a copy of this notarized California VDOP Rescission form was mailed to the other person who signed the VDOP.
- I am including a copy of the tracking record or the original return receipt as proof of mailing to the other parent who signed the VDOP.
- I want to cancel the legal parent and child relationship created by the VDOP. I understand that filing this form with DCSS POP will cancel the VDOP, provided that all instructions have been followed and it is postmarked and mailed to DCSS POP within 60 calendar days of the date the last parent signed the VDOP.
- I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Executed _____

Your Signature _____

PRIVACY NOTICE - The Information Practices Act of 1977 (Civil Code §1798.17) and the Federal Privacy Act of 1974 (Title 5, United States Code §552a(e)(3), §7 Note) require that this notice be provided when collecting personal information and social security number from individuals. Information requested on this form is used by the Department of Child Support Services (DCSS) and local child support agencies for the purposes of identification and establishing or rescinding parentage. The personal information may be shared with child support agencies, welfare agencies, courts and entities providing services to such agencies. Failure to provide the mandatory information may result in the rejection of filing the rescission with the DCSS.

The agency official responsible for maintenance of the forms is: State Coordinator at the Parentage Opportunity Program of DCSS, Tel: (866) 249-0773. Legal references authorizing solicitation and maintenance of this personal information include Title 42, United States Code §666(a)(13), Family Code §§7570-7581, and §17212. Copies of the Voluntary Declaration of Parentage and Declaration of Parentage Rescission are maintained in confidential files of the DCSS. Declarants have the right of access to their filed declaration form(s) upon request by calling (866) 249-0773.

THE REQUESTOR MUST HAVE THEIR SIGNATURE WITNESSED BY A NOTARY PUBLIC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____ County of _____

On _____ / _____ / _____ (MM/DD/YYYY) Before me:

(name and title of the Notary)

Personally appeared _____

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Notary Signature _____

(SEAL)

VOLUNTARY DECLARATION OF PARENTAGE (VDOP) - RESCISSIONDCSS 0915 (01/01/2020)

INSTRUCTIONS

1. Complete the VDOP Rescission form in blue or black ink, printed clearly and neatly. The form may also be typed. Provide all information requested on the form, be sure to include information regarding the other parent who signed the VDOP. **You must have your signature witnessed by a Notary Public.**
2. You must notify the other parent who signed the VDOP that you are requesting to rescind that document. You must do this by sending a copy of the completed VDOP Rescission form by mail, **proof of mailing required**, to the other person who signed the VDOP. This requirement exists even when you live together and share an address with the other parent.
3. Once you have proof of mailing (a copy of the tracking record or the original return receipt) attach it to the VDOP Rescission form when you send it to the Department of Child Support Services (DCSS), Parentage Opportunity Program (POP).

4. Mail only the original, signed and notarized form to:

**California Department of Child Support Services
Parentage Opportunity Program
P. O. Box 419070
Rancho Cordova, CA 95741-9070**

FREQUENTLY ASKED QUESTIONS:**Who can use this form?**

Either parent who signed the VDOP can use this form to cancel the VDOP **within 60 days of the date the last parent signed**, unless a court order for custody, visitation, or child support has been entered in an action where the signatory seeking to rescind was a party. This means either parent who signed the VDOP may elect to cancel the VDOP during the 60-day period. Only one parent's signature is needed, but the other parent **must** be formally notified by mail, **proof of mailing required**, even when you live together and share an address, by the parent requesting the VDOP be rescinded. If either parent was a minor when they signed the VDOP the time for rescission is extended to 60 days after the parent reaches the age of 18 or is emancipated, whichever occurs first.

Why use VDOP Rescission form?

This form, when completed and filed with DCSS POP, **CANCELS** the legal parent and child relationship created by the filing of the VDOP previously signed. You must follow all directions carefully to cancel your VDOP.

When do I need to complete the VDOP Rescission form?

The original VDOP Rescission form must be correctly completed with all necessary documents attached and mailed to the DCSS POP postmarked **within 60 days** of the date the last parent signed the VDOP.

Who do I contact if I have questions about this form and/or process?

Contact a State POP Coordinator toll-free at (866) 249-0773 or via Email at askpop@dcss.ca.gov.

Please remember the original documents must be received by DCSS POP, postmarked no later than 60 calendar days from the date the original VDOP was signed, or within 60 days of emancipation or 18th birthday (whichever came first) if you were a minor when you signed the VDOP.