



Denial of Parentage

Please type or print clearly.

Child	1. Child's name (First, Middle, Last, Suffix)		2. Date of birth (MM/DD/YYYY)		
	3. City or Town, County, and State of birth				
Delivery Parent	4. Parent's current legal name (First, Middle, Last, Suffix)		5. Social Security Number		
	6. Date of birth (MM/DD/YYYY)		7. Birthplace (State, Territory, or Foreign Country)		
	8. Mailing Address (Street and Number, City/Town, State, ZIP)				
Presumed Parent or Alleged Genetic Parent	To be discharged of all the rights and duties of a parent for the child listed above, complete and file this <i>Denial of Parentage</i> (VS-DP1) form and a <i>Voluntary Acknowledgment of Parentage</i> (VS-42B) form, with the Rhode Island Department of Health (RIDOH), Center for Vital Records.				
	9. Parent's current legal name (First, Middle, Last, Suffix)		10. Social Security Number		
	11. Date of Birth (MM/DD/YYYY)		12. Birthplace (State, Territory, or Foreign Country)		
	13. Mailing Address (Street and Number, City/Town, State, ZIP)				
	Statements of Denial				
	Initials	Presumed or alleged genetic parent must initial each of the statements below in order for the VS-DP1 form to be valid.			
		I have read and understand the instructions provided and the legal consequences of, and the rights and responsibilities that arise from, signing this form.			
		I understand I have the right to talk with an attorney before signing.			
		I understand that signing this form, in conjunction with a valid VS-42B form, has the same legal effect as a court ordering that I am not a parent of the above-named child. Therefore, these two forms together eliminate my parental rights and duties for this child.			
		I state that I have not acknowledged or been ordered by a court to accept parentage of the above-named child.			
	I understand that I may rescind this form by commencing a court proceeding before the earlier of: 1. 60 days after the effective date of the VS-42B form; or 2. the date of the first hearing before a court to decide an issue relating to the child, including a proceeding that establishes child support.				
	I understand that 60 days after filing this form and the VS-42B form, I may commence a court proceeding to challenge the VS-42B form only on the basis of fraud, duress, coercion, threat of harm, or material mistake of fact, and only within two years after the VS-42B form is effective.				
	I, _____, certify that I am the person whose name appears in the section titled <i>Presumed or Alleged Genetic Parent</i> on this form. The signature appearing in the field below should serve as acknowledgment I have read and understand the statements in this form.				
	I hereby declare the above statement of information to be true and correct to the best of my knowledge and belief. I am signing this form without being subject to force, threats, or coercion of any kind.				
	Signature of Presumed or Alleged Genetic Parent		Date Signed (MM/DD/YYYY)		
Witness	Witness		Date Signed (MM/DD/YYYY)		

State Office of Vital Records Use Only: Date received (MM/DD/YYYY): _____