

**DENIAL OF PATERNITY BY ALLEGED FATHER**  
**(In or Out-of-California)**

Original: Court Record  
 Copy: Parent  
 Copy: Case Record

**INSTRUCTIONS:**

1. These instructions apply to the alleged father whether signing in California or out-of-California.
2. This form may be used in both the Agency and Independent Adoption Programs.
3. The alleged father must initial each statement and sign at the bottom of the form.
4. Either Section A or B must be completed.

COUNTY
ACTION NUMBER

I, \_\_\_\_\_, an alleged father of (mark one of the below boxes):  
NAME OF ALLEGED FATHER

\_\_\_\_\_, (Gender:  M  F)  
NAME OF CHILD

born to \_\_\_\_\_, on \_\_\_\_\_.  
NAME OF MOTHER DATE OF BIRTH

an unborn child of \_\_\_\_\_ expected to  
NAME OF MOTHER  
 be born on \_\_\_\_\_.  
DATE OF BIRTH

\_\_\_\_\_  
INITIAL I state that I am not the father.

\_\_\_\_\_  
INITIAL I understand that if I decide to establish my paternity of this child I must file an action under Family Code Section 7630(c). I understand I must file this action within 30 days of being served with written notice of the alleged paternity and the proposed adoption or within 30 days of the birth of the child, whichever is later.

\_\_\_\_\_  
INITIAL I understand that if I take no action the court may enter an order terminating my parental rights without further notice to me.

\_\_\_\_\_  
INITIAL I understand that any parental rights/responsibilities I may have toward this child will continue until the court issues an order of adoption, or an order terminating my parental rights, whichever occurs first.

\_\_\_\_\_  
INITIAL I understand that if I change my mind after signing this form, I may not revoke or rescind this denial of paternity and that my only recourse is court action.

SIGNATURE OF ALLEGED FATHER	DATE
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**SECTION A**  
**Complete when being signed in the presence of an Agency Representative**

SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE	DATE
NAME OF AGENCY REPRESENTATIVE	TITLE OF AGENCY REPRESENTATIVE
NAME OF AUTHORIZED ADOPTION AGENCY	COUNTY WHERE SIGNED
FULL ADDRESS	TELEPHONE NUMBER

**SECTION B**  
**Complete when being signed in the presence of a Notary Public\***

*The Notary Public must staple the Acknowledgement document to this form and sign and date below.*

SIGNATURE OF NOTARY	DATE
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**\*If signing outside the United States this section must meet the requirements of California Civil Code Section 1183**