

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

**REVOCATION 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  
\_\_\_\_\_.