



Maine Center for Disease Control and Prevention
 220 Capitol Street
 11 State House Station
 Augusta, Maine 04333-0011
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DENIAL OF PARENTAGE (DOP)

(Please type or print clearly in black ink.)

Check where signed: Hospital Division of Support Enforcement and Recovery (DSER) Office of Data, Research, and Vital Statistics (DRVS) Other

CHILD	1. Child's Name (First, middle, last, suffix)		2. Date of Birth (mm/dd/yyyy)	3. Sex	
	4. Place of Birth (City or town)	5. County of Birth	6. Type of Place of Birth <input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Home Birth <input type="checkbox"/> Other (Specify) _____		
	7. Facility Name (If not an institution, give street and number)		8. Facility Address (Street and number, city/town, state, zip code)		
MOTHER/ PARENT	9. Mother/Parent Current Legal Name (First, middle, last, suffix)		10. Mother/Parent Name Prior to First Marriage (First, middle, last, suffix)		
	11. Date of Birth (mm/dd/yyyy)	12. Birthplace (State, Territory, or Foreign Country)	13. Social Security Number (xxx-xx-xxxx)		
	14. Mother/Parent Residence Address (Street and number, city/town, state, zip code)				
PRESUMED PARENT	Complete and file this form with the Office of Data, Research, and Vital Statistics, with an Acknowledgment of Parentage (AOP) form, to be discharged of all the rights and duties of the parent for the child listed above. The registration of this form will remove and replace the presumed parent listed below with the parent listed on a valid AOP.				
	15. Presumed Parent Current Legal Name (First, middle, last, suffix)		16. Presumed Parent Name Prior to First Marriage (First, middle, last, suffix)		
	17. Date of Birth (mm/dd/yyyy)	18. Birthplace (State, Territory, or Foreign Country)	19. Social Security Number (xxx-xx-xxxx)		
	20. Presumed Parent Residence Address (Street and number, city/town, state, zip code)				
	STATEMENTS OF DENIAL				
	Presumed Parent's Initials	Presumed parent must initial each of the statements provided below in order for the DOP 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 the denial.			
		I understand I have the right to talk with an attorney before signing.			
		I understand that this denial, in conjunction with a valid Acknowledgment of Parentage (AOP), is the equivalent to an adjudication of the nonparentage of the presumed parent and discharges the presumed parent from all rights and duties of a parent.			
		I state that I am not the parent or have not been adjudicated as the parent of the above-named child.			
	I understand it is a crime to sign this form knowing if another person is an acknowledged parent or another parent is adjudicated as a parent of this child.				
	I understand that I may rescind this denial by filing a Rescission Form with the Office of Data, Research, and Vital Statistics within 60 days after the denial has been filed and accepted				
	I understand that after 60 days of filing the acknowledgment and a denial of parentage, if applicable, with the Office of Data, Research, and Vital Statistics I must obtain a court determination to rescind or challenge the acknowledgment or denial in order to remove or add a parent.				
I swear under penalty of perjury that I have read and understand the statements contained in this Denial of Parentage (DOP). I declare the information is correct to the best of my knowledge and belief. I am signing this DOP without being subject to force, threats or coercion of any kind.					
Signature of Presumed Parent			Date Signed (mm/dd/yyyy)		
NOTARY PUBLIC/MUNICIPAL CLERK The individual personally appeared before me and made oath to the truth of the foregoing statements.					
STATEMENT	State of: _____ County of: _____ Signed before me on: _____ Commission Expiration Date: _____				
	Signature of Notary Public/Municipal Clerk				

DENIAL OF PARENTAGE (DOP) NOTES AND INSTRUCTIONS

The presumed parent should carefully read all notes and instructions before completing and signing the Denial of Parentage (DOP).

A Denial of Parentage (DOP) form is a legal form signed by a presumed parent to swear they are not the child's genetic (natural) or intended parent. If a married or formerly married mother claims that her spouse or ex-spouse (presumed parent) is not the genetic or intended parent of the child and the genetic parent would like to acknowledge parentage, the spouse (presumed parent) may complete a Denial of Parentage form in the presence of a notary public. To be valid, the person assuming parentage and mother must also sign an Acknowledgment of Parentage (AOP) form. The AOP and DOP may be filed separately or simultaneously, but neither is valid unless both are filed with the Office of Data, Research, and Vital Statistics (DRVS). This DOP shall be signed under penalty of perjury by the presumed parent who is seeking to relinquish parentage in the presence of a notary public.

- 1. MOTHER/PARENT IS OR WAS FORMERLY MARRIED:** When a mother is or was married within 300 days of the birth of the child, the name of the spouse shall be entered on the Certificate of Live Birth, including situations when:
 - A. The spouse may not be the genetic parent.
 - B. The mother has been separated (legally or otherwise) from the spouse, regardless of the period of the separation.
 - C. The mother was legally married or attempted to marry, and the child is born within 300 days after the termination of the marriage (unless the final divorce decree specifies that the spouse is not a parent).

- 2. IF DOP COMPLETED AT HOSPITAL:** If a DOP has been completed and the Affidavit is given to the hospital before the Certificate of Live Birth is submitted to DRVS, the person assuming parentage will be listed as the father/parent on the birth certificate, provided the person acknowledges parentage.

- 3. IF DOP IS NOT COMPLETED AT HOSPITAL:** If this DOP has not been completed before the hospital submits the Certificate of Live Birth to DRVS, the spouse/ex-spouse (presumed parent) will be listed as a parent on the birth certificate.

4. LEGAL CITATIONS: *Title 19-A Chapter 61: The Maine Parentage Act*

"Acknowledge parent" means a person who has established parentage by filing the AOP with the State Register of Vital Statistics.

"Adjudicated parent" means a person who has been adjudicated by a court of competent jurisdiction to be the parent of the child.

"Presumed parent" means a person who is recognized as the parent of the child until that status is rebutted or confirmed in a judicial proceeding.

A person is presumed to be the parent of a child if:

- A. The person and the woman giving birth to the child are married to each other and the child is born during the marriage; or
- B. The person and the woman giving birth to the child were married to each other and the child is born within 300 days after the marriage is terminated by death, annulment, divorce or declaration of invalidity or after a decree of separation; or
- C. Before the birth of the child, the person and the women giving birth to the child married each other in apparent compliance with law, even if the attempted marriage is or could be declared invalid, and the child is born during the invalid marriage of within 300 days after its termination by death, annulment, divorce or declaration of invalidity or after a decree of separation.
- D. A person is presumed to be a parent of a child if the person resided in the same household with the child and openly held out the child as that person's own from the time the child was born or adopted and for a period of at least 2 years thereafter and assumed personal, financial or custodial responsibilities for the child.

5. INSTRUCTIONS FOR THE COMPLETION OF THE DOP:

- ❖ The presumed parent must read and initial all the statements included on the DOP.
- ❖ The presumed parent must sign the DOP in the presence of a Notary Public and the Notary must notarize the signature.
- ❖ Alterations, erasures, white-outs, cross-outs, write over's, etc., will not be accepted and will invalidate the completed form.
- ❖ The presumed parent may present the completed and notarized DOP to the hospital prior to the submission of the Certificate of Live Birth or directly with the Office of Data, Research, and Vital Statistics, at the mailing address provided below:

Data, Research, and Vital Statistics
220 Capitol Street
11 State House Station
Augusta, Maine 04333-0011

6. NOTES:

- ❖ The amended birth certificate will be available for issuance by the municipality where the child was born, the municipality where the mother resided at the time of birth and/or the Office of Data, Research, and Vital Statistics.
- ❖ The fee for one certified copy of the Certificate of Live Birth is \$15.00. Additional copies requested at the same time are \$6.00 each.
- ❖ All forms are available through the DRVS website at <http://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/forms/index.shtml>.