

Tennessee Department of Children's Services

Denial of Paternity and Notice by a Legal Father

This form must be accompanied by credible proof that the legal father is not the biological father of the child to be valid. Credible proof includes a sworn written statement of the child's mother. Do not use this form if the legal father is also the biological father of the child.

STATE OF		
COUNTY OF		
Pursuant to Tennessee Code Annota affiant would state the following:	ated § 36-1-111 (t), and first being duly sworn accor	rding to law,
My name is	. I am personally acquainted with	
the biological mother of	a child who was born in	(City)
(State) on	 (Date).	

I am or I have been told that I am or may be the presumed and/or legal father of the above-named child. I AM CERTAIN THAT I AM NOT THE BIOLOGICAL FATHER OF THIS CHILD. I understand that the mother has placed or wishes to place this child for adoption, or that the child is the subject of legal proceedings leading to the child's adoption, or leading to a determination of the child's legal custody or guardianship. I do not want custody of this child. I either agree with an adoption plan or I do not wish to be involved in the decision.

I HEREBY WAIVE MY PARENTAL RIGHTS TO THIS CHILD, IF I HAVE ANY RIGHTS, AND I WANT MY PARENTAL RIGHTS, IF ANY, TO BE TERMINATED WITHOUT FURTHER ACTION BY, OR NOTICE TO, ME.

I formally waive my rights to notice of legal proceedings regarding the child including: adoption, custody, guardianship, and termination of other parents' rights and any other similar actions.

I understand that by my execution of this Denial of Paternity and Notice, along with the finalization of the child's adoption, I will lose any right I may have to act as parent, to visit with, or otherwise be involved in this child's life. I also relinquish any right to petition to have my legal and biological relationship to this child determined by a court.

I FURTHER UNDERSTAND THAT I MAY NOT REVOKE THIS DENIAL AT ANY TIME AFTER I SIGN IT.

the father of the child.

FURTHER AFFIANT SAITH NOT this ___ DAY OF ______, 20____.

Legal Father (Please Print): ______

Signature of Legal Father : ______

Address: ______

City: _____ State: _____ Zip Code: ______

Personally appeared before me the above-named who is known to me and who acknowledged that he executed the above Denial of Paternity and Notice as his own free and voluntary act.

Notary Public ______

My commission expires: _____

I also understand that while this denial is not revocable, it is not effective to terminate my parental rights or responsibilities unless or until an adoption of the child is finalized. If the adoption is not finalized, I understand that I retain any rights that I otherwise had to rebut a presumption that I am