

## DENIAL OF REGISTRANT’S PATERNITY

You are hereby notified that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, deny

**WARNING:** This is a governmental document. Texas penal code, section 37.10, specifies penalties for making false entries or providing false information in this document.

VS-133 Rev 12/2005

Name of Mother

that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is that father of my child,

Name of Registrant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who was born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child Date of Birth

in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Place of Birth

I understand that the registrant will be notified of this denial and that he has the opportunity

to file legal action to claim paternity. I also understand that this denial will be filled with the

Notice of Intent to Claim Paternity signed by the registrant, but my denial does not remove

his notice of intent from the registry.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Mother

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_\_\_\_\_\_\_\_ (Date) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary Public

[SEAL] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

My Commission expires on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail to:

**Paternity Registry**

Vital Statistics

Texas Department of State Health Services

1100 West 49th Street

Austin, Texas 78756-3199

Toll Free #: (888) 963-7111 Ext. 7782

<https://www.dshs.texas.gov/vs/paternity/>