

Illinois Voluntary Acknowledgment of Paternity

File Date for ACU use only

PLEASE READ ALL PARTS OF THIS FORM INCLUDING YOUR RIGHTS AND RESPONSIBILITIES AND INSTRUCTIONS ON THE OTHER SIDE BEFORE COMPLETING THE FOLLOWING INFORMATION.

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ALL ITEMS MUST BE ANSWERED (USE BLUE OR BLACK INK)

Child's Information as shown or will be shown on Birth Certificate

Print all requested information

Child's Name (First)	Middle (if any)	Last (same as on birth certificate)	Suffix (Jr, II, III)
Date of Birth (mm/dd/yy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Name of Hospital or Address of Place of Birth	
			City, County, and State of Birth

Biological Father's Name (first)	Middle (if any)	Last	Suffix (Jr, II, III)
Current Address (street address and/or PO box)		City, State, and Zip	Daytime Phone (include area code)
Place of Birth (city, state or foreign country address)		Date of Birth (mm/dd/yy)	SSN/TIN

Biological Mother's Name (First)	Middle (if any)	Current Last Name	Maiden Name (before 1 st marriage)
Current Address (street address and/or PO box)		City, State, and Zip	Daytime Phone (include area code)
Place of Birth (city, state or foreign country address)		Date of Birth (mm/dd/yy)	SSN/TIN

Were you married to or in a civil union with a person **other than** the above named father when this child was born or within 300 days before this child was born? Yes No

If yes, that person is presumed to be the father (presumed parent) of this child and you are required to provide the presumed parent's name (first/middle/last) _____. A Denial of Parentage must also be completed by the biological mother and presumed parent to place the biological father's name on this child's birth certificate.

By signing I acknowledge that I have read the rights and responsibilities and instructions on the other side of this form. I have been provided an oral explanation about the VAP and understand my rights and responsibilities created and waived by signing this form.

I UNDERSTAND THAT I CAN REQUEST A GENETIC TEST REGARDING THE CHILD'S PATERNITY. BY SIGNING THIS FORM I GIVE UP MY RIGHT TO A GENETIC TEST.

BIOLOGICAL FATHER and BIOLOGICAL MOTHER: Under the penalties of perjury provided by Section 1-109 of the Illinois Code of Civil Procedure, we certify that our statements in this document are true and correct. We acknowledge that we are the biological parents of this child, and voluntarily sign this acknowledgement to establish this child's paternity and give our permission to enter the biological father's name as the legal father on the birth certificate for this child. We understand that the acknowledgment is the same as a court order for parentage of this child and that a challenge to the acknowledgment is allowed only under limited circumstances and is generally not allowed after 2 years.

Biological Father's Signature _____	Biological Mother's Signature _____
E-mail Address _____	E-mail Address _____

Each parent must sign and date this form in the presence of a witness age 18 or older. The witness must not be a parent or child named on the VAP

<p>Witness Information</p> <p>Printed Name _____</p> <p>Signature _____</p> <p>Address _____</p> <p>Phone Number _____</p> <p>Date Parties Signed (mm/dd/yyyy) _____</p>	<p>Witness Information</p> <p>Printed Name _____</p> <p>Signature _____</p> <p>Address _____</p> <p>Phone Number _____</p> <p>Date Parties Signed (mm/dd/yyyy) _____</p>
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