

HFS 3416E, RESCISSION OF ILLINOIS VOLUNTARY ACKNOWLEDGMENT OF PATERNITY OR RESCISSION OF DENIAL OF PARENTAGE

The [HFS 3416E](#), Rescission of Illinois Voluntary Acknowledgment of Paternity or Denial of Parentage, (Rescission) cancels the legal father and child relationship created by the previously signed Illinois Voluntary Acknowledgment of Paternity and/or cancels the adjudication of the nonparentage of the presumed parent thereby making the presumed parent responsible for all rights and duties of a parent. **The form must be signed, witnessed and filed with the Department within 60 days from the effective date of either the Illinois Voluntary Acknowledgment of Paternity and/or the Illinois Denial of Parentage, or the date of a proceeding relating to the child, whichever occurs earlier.**

The Rescission may be completed by the biological mother, the biological father, or presumed parent.

Individuals are instructed to read all parts of the Rescission, including the rights and responsibilities and instructions on the back of the form, before completing.

To lessen any confusion you may have when completing the Rescission, a list of parent definitions is provided below.

Definitions of Parents:

Biological Father – the biological father is the man who provided the paternal genes of the child. The biological father is sometimes referred to as the natural father.

Biological Mother – the biological mother is the woman who gave birth to the child.

Presumed Parent – A presumed parent is a person married to or in a civil union with the biological mother when the child is born or if the child is born within 300 days after the marriage or civil union has ended.

It is necessary for you to complete all fields as shown in these instructions in order to process this form correctly.

Field Descriptions

#	Item	Description
1	Check Box	I would like to withdraw: <input type="checkbox"/> Voluntary Acknowledgment of Paternity <input type="checkbox"/> Denial of Parentage
2	Full Name of Person Withdrawing VAP or Denial	Enter first, middle and last name.
3	Date of Birth of Person Withdrawing VAP or Denial	Enter date of birth (mm/dd/yy).
4	Address of Person Withdrawing VAP or Denial	Enter complete current address.
5	City/State/Zip of Person Withdrawing VAP or Denial	Enter City, State and Zip Code.

6	Social Security Number of Person Withdrawing VAP or Denial	Enter nine digit social security number. If no social security number, enter taxpayer identification number. If neither, leave blank.
7	Full Name of the Child on the VAP or Denial	Enter first, middle and last name as it appears or will appear on the VAP or Denial.
8	Child's Date of Birth	Enter date of birth (mm/dd/yy).
9	Date the VAP or Denial was signed by the withdrawing person	Enter date the VAP or Denial was signed.
10	Name of Other Person who Signed VAP or Denial	Enter name of the other person who signed the VAP or Denial.
<p>Signatory and Witness information Signatory – May be the biological mother, the biological father, or presumed parent. Witness - Must be an adult age eighteen or older but cannot be a person named on the form.</p>		
11	Signature line for Withdrawing Person	Signature of the person withdrawing VAP or Denial. Before signing: Read and understand the paragraph above the signature line.
12	Date of Signature	Withdrawing person enters date the Rescission was signed.
13	Printed name of witness	Witness is to print his/her name.
14	Address of witness	Witness is to enter his/her full address.
15	Phone number of witness	Witness is to enter his/her phone number including area code
16	Signature line for witness	Signature of witness.
17	Date witness signed the Rescission	Witness is to enter the date he/she signed the Rescission.

Rescission of Illinois Voluntary Acknowledgment of Paternity or Rescission of Denial of Parentage

File Date for ACU use only

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Purpose: THIS IS A LEGAL DOCUMENT. This form cancels the legal father and child relationship created by the previously signed Voluntary Acknowledgment of Paternity and/or cancels the adjudication of the nonparentage of the presumed parent thereby making the presumed parent responsible for all rights and duties of a parent. **The form must be signed, witnessed and filed with the Department within 60 days from the effective date of either the Voluntary Acknowledgment of Paternity (VAP), and/or the Denial of Parentage (Denial), or the date of a proceeding relating to the child, whichever occurs earlier.**

Instructions: PRINT in BLACK or BLUE ink. Do not cross out words or make corrections or your form will be rejected. If you make a mistake, ask for a new form. See additional instructions on the reverse side of this form.

If using the Internet form, enter information and check for errors before printing. Forms with errors will be rejected.

Read carefully and complete all information before signing this form. Only one person must sign this form to withdraw the VAP and/or the Denial. The other party who signed the VAP and/or the Denial will be notified of your withdrawal of consent. In addition, the Department of Public Health's Division of Vital Records will be notified to remove the father's name from the child's birth certificate and/or add the presumed parent's name to the child's birth certificate. Call the Child Support Customer Service Call Center at 1-800-447-4278 if you have questions.

I would like to withdraw the (check one): 1 Voluntary Acknowledgment of Paternity Denial of Parentage

Name 2		Date of Birth (mm/dd/yy) 3	
Address 4		City/State/Zip 5	
Social Security Number 6		Full Name of Child (as shown or will be shown on Birth Certificate) 7	
Child's Date of Birth (mm/dd/yy) 8		Date VAP or Denial was Signed (mm/dd/yy) 9	
Name of Other Person who Signed VAP or Denial (not the witness) 10		I understand that the legal father and child relationship established by signing the VAP is canceled or the adjudication of the non-parentage of the presumed parent is canceled thereby making the presumed parent responsible for all rights and duties of a parent. Paternity may be established by other means.	
Signature 11		Date of Signature 12	
Witness Information			
Printed Name 13		Signature 16	
Address 14		Date Signed 17	
Phone Number 15			

Mail to HFS/ACU, 110 W Lawrence Avenue, Springfield, IL 62704.

HFS 3416E (R-4-17)

For Official Use Only _____
 Case # Docket # CP RIN NCP RIN

Instructions for Rescission of Illinois Voluntary Acknowledgment of Paternity or Rescission of Denial of Parentage

PURPOSE: The Rescission of Illinois Voluntary Acknowledgment of Paternity or Rescission of Denial of Parentage

(here after called the "Rescission") is completed when either the biological mother, biological father, or presumed parent wishes to withdraw the action of filing the HFS 3416B, Voluntary Acknowledgment of Paternity (here after called the "VAP") and/or the HFS 3416D, Illinois Denial of Parentage (here after called the "Denial"). **The Rescission must be signed, witnessed and filed with the Department within 60 days from the effective date of either the VAP and/or the Denial, or the date of a proceeding relating to the child, whichever occurs earlier. Forms that contain errors will be rejected. As a result, the VAP and/or Denial will not be withdrawn and the biological father's name will remain on the child's birth certificate.**

PLEASE READ AND COMPLETE ALL REQUESTED INFORMATION PRIOR TO SIGNING THIS FORM.

1. Only one person must sign this form to withdraw the VAP and/or Denial.
2. The other party(ies) who signed the VAP and/or Denial will be notified of your withdraw of consent. In addition, the Department of Public Health's Division of Vital Records will be notified to remove the father's name from the child's birth certificate and/or add the presumed parent's name to the child's birth certificate.
3. The person withdrawing the VAP and/or Denial must sign and date all forms in front of a witness. A witness must be an adult age eighteen or older but cannot be the biological mother, biological father, presumed parent or the child.
4. Mail the Rescission to the Department's:

Administrative Coordination Unit (ACU)
110 West Lawrence Avenue
Springfield, Illinois 62704

For more information about the Rescission or other related forms, ask hospital staff for the HFS 3416A, "Two Parents...Give Your Child Hope" flyer. You may also obtain a copy from state and local registrars, county clerks, Department of Human Services offices, Child Support Services offices or by going to the [Forms and Brochures](#) section of the Child Support Services website.

This form is available in English and Spanish upon request and on the HFS website (www.childsupport.illinois.gov). The Spanish version may be used for translation purposes only. **The Spanish version is not acceptable as a legal document.** Only the English version of this document may be signed, witnessed and filed with HFS.

SI LAS PIDE, TENEMOS VERSIONES EN ESPAÑOL DISPONIBLES Y EN EL SITIO DEL DEPARTAMENTO EN EL INTERNET EN (WWW.CHILDSUPPORT.ILLINOIS.GOV), PERO SÓLO SE PUEDEN USAR PARA PROPÓSITOS DE TRADUCCIÓN. **LAS VERSIONES EN ESPAÑOL NO SON DOCUMENTOS LEGALES ACEPTABLES.** SÓLO LA VERSIÓN EN INGLES DEL DOCUMENTO SE PUEDE FIRMAR Y ATESTIGUAR.

If you have any questions relating to the child's birth certificate, contact the Department of Public Health's Division of Vital Records at [Birth, Death, Other Records | IDPH](#) or 217-782-6554.

If you have any questions relating to completing this form, call the Child Support Customer Service Call Center at 1-800-447-4278.