State of Illinois
Department of Healthcare and Family Services

File Date for ACU Use Only

Request for a Certified Copy of the Illinois Voluntary Acknowledgment of Parentage and/or Denial of Parentage

Only the parents of a child, the child's guardian, the emancipated child, or the legal representatives of those individuals; appropriate federal agencies; and courts and appropriate agencies of this State or another State may request a certified copy of the Voluntary Acknowledgment of Parentage and/or Denial of Parentage. Attorneys making such a request on behalf of a party must do so on attorney letterhead. The requestor's signature authorizing release of information to the attorney must be affixed to the attorney's letter or attach this completed form to the attorney's letter. **The requestor's signature must be official and must be notarized.** Please complete all information below.

CHILD (Information as shown on the birth certificate) – Print all Information			
First Name	Middle (if any)	Last (Same as on birth certificate)	Suffix (Jr., II, III)
Date of Birth (mm/dd/yyyy)			

PERSON REQUESTING CERTIFIED COPY– Print all Information					
First Name	Middle (if any)	Last			Suffix (Jr., II, III)
Current Address: Street or PO Box	City		State	Zip	Daytime Phone (with area code)
Last Four Numbers of SSN or ITIN (Not needed if requestor is attorney)					

Certification

Under the penalties of perjury (as provided by in Section 1-109 of the Illinois Code of Civil Procedure), I certify that my statements in this document are true and correct.

PERSON REQUESTING CERTIFIED COPY Signature – sign below	**Date of Signature (mm/dd/yyyy)**
E-mail Address	

Notary Public Information		
Printed Name		
Signature		
Subscribed and sworn before on Date Signed (mm/dd/yyyy)		

Send official document to:

HFS - Administrative Coordination Unit (ACU)
PO Box 19152
Springfield, Illinois 62794-9152