



State of Illinois
Department of Healthcare and Family Services

REQUEST FOR A CERTIFIED COPY OF THE ILLINOIS VOLUNTARY ACKNOWLEDGMENT OF PATERNITY 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 Paternity and/or Denial of Parentage. Attorneys making such a request on behalf of a party must do so on attorney letterhead. The parent'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 parent's signature must be an original and must be notarized.** Please complete all information below.

Child's Name _____
First Middle Last

Child's Date of Birth _____

Requesting Person's Name _____

Requesting Person's Social Security Number (Last Four Numbers) _____
(Not needed if requestor is attorney)

Requesting Person's Address _____

City, State, Zip Code _____

Requesting Person's E-Mail Address _____

Daytime Phone Number _____

Signature of Requestor _____ Date _____

Subscribed and sworn before me this _____ day of _____,

Notary Public

My commission expires: _____

No copies or facsimiles will be accepted.

Mail the completed, notarized form to:

Administrative Coordination Unit (ACU)
PO BOX 19152
Springfield, IL 62794-9152

HFS 3416H (R-06-24)