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

Please read all parts of this form including your rights and responsibilities and instructions on the other side before completing the form. All items must be answered. TYPE OR PRINT CLEARLY USING BLACK OR BLUE INK.

This form rescinds (withdraws) the legal relationship between the Parent (genetic or intended) and child created by the previously signed Voluntary Acknowledgment of Parentage, 3416B (VAP), and/or rescinds (withdraws) the adjudication of the non-parentage of the Spouse created by the previously signed Denial of Parentage, 3416D (Denial), thereby making the Spouse responsible for all rights and duties of a parent. **The form must be signed, witnessed, and filed with the Department of Healthcare and Family Services (HFS) within 60 days from the effective date of either the VAP and/or the Denial, or the date of a proceeding relating to this child, whichever occurs earlier.**

Only one person must sign this form to rescind (withdraw) the VAP and/or the Denial. The other person who signed the VAP and/or 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 Parent's (genetic or intended) name from the child's birth certificate (and add the Spouse's name to the child's birth certificate, if applicable). Call the Child Support Customer Service Call Center at 1-800-447-4278 if you have questions.

DOCUMENT I WISH TO RESCIND (withdraw) (check one)					
<input type="checkbox"/> Voluntary Acknowledgment of Parentage			<input type="checkbox"/> Denial of Parentage		
PERSON REQUESTING RESCISSION (withdrawal) - Print all Information					
First Name		Middle (if any)		Last	Suffix (Jr., II, III)
Current Address: Street or PO Box			City	State	Zip
E-mail Address				SSN or ITIN	
Date VAP or Denial was Signed (mm/dd/yyyy)			Name of the Other Party Who Signed the VAP or Denial (Not the Witness)		
			First Name	Middle Name	Last Name
Child's First Name		Child's Middle Name (if any)		Child's Last Name (Same as on VAP or Denial)	Suffix (Jr., II, III)
Child's Date of Birth (mm/dd/yyyy)					
I understand that the legal Parent and child relationship established by signing the VAP is canceled or the adjudication of the non-parentage of the Spouse by signing the Denial is canceled, thereby making the Spouse responsible for all rights and duties of a parent. Parentage may be established by other means.					
PERSON REQUESTING RESCISSION (withdrawal) Signature – sign below				Date of Signature (mm/dd/yyyy)	
Witness to Requestor Signature					
Printed Name					
Signature					
Street Address or PO Box			City	State	Zip
Phone Number					
Date Signed (mm/dd/yyyy)					

Instructions for Completing the Rescission of Illinois Voluntary Acknowledgment of Parentage or Rescission of Illinois Denial of Parentage

PURPOSE: The Rescission of Illinois Voluntary Acknowledgment of Parentage or Rescission of Illinois Denial of Parentage (Rescission) is completed when either the Birth Parent, Parent (genetic or intended), or Spouse (spouse or former spouse) wishes to withdraw the action of filing the HFS 3416B, Illinois Voluntary Acknowledgment of Parentage (VAP) and/or the HFS 3416D, Illinois Denial of Parentage (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 this child, whichever occurs earlier. Forms that contain errors will be rejected. As a result, the VAP and/or Denial will not be rescinded (withdrawn), and the Parent's name will remain on the child's birth certificate.**

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

YOUR RIGHTS AND RESPONSIBILITIES

I understand that:

- only one person must sign this form to rescind (withdraw) the VAP and/or Denial.
- the other person who signed the VAP and/or 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 Parent's (genetic or intended) name from the child's birth certificate (and add the Spouse's name to the child's birth certificate, if applicable).
- this form withdraws the legal relationship between the Parent (genetic or intended) and child created by the previously signed VAP, and/or withdraws the adjudication of the non-parentage of the Spouse created by the previously signed Denial, thereby making the Spouse responsible for all rights and duties of a parent.

INSTRUCTIONS – USE BLACK OR BLUE INK

1. The person rescinding (withdrawing) the VAP and/or Denial must sign and date all forms in front of a witness (age 18 or older and not a person or child named on the form) and submit the completed, official document to HFS.
2. A Rescission must be received by HFS within 60 days from the effective date of either the VAP and/or the Denial, or the date of a proceeding relating to this child, whichever occurs earlier.

Send official document to: HFS - Administrative Coordination Unit (ACU)
PO Box 19152
Springfield, Illinois 62794-9152

This form is available in English and Spanish upon request and can be found on the HFS website at <https://hfs.illinois.gov/childsupport/formsbrochures>. 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 <https://hfs.illinois.gov/childsupport/formsbrochures>. PERO SÓLO SE PUEDEN USAR PARA PROPÓSITOS DE TRADUCCIÓN. **LAS VERSIONES EN ESPAÑOL NO SON DOCUMENTOS LEGALES ACEPTABLES. SÓLO LA VERSIÓN EN INGLÉS DEL DOCUMENTO SE PUEDE FIRMAR Y ATESTIGUAR.**

If you have any questions relating to the child's birth certificate, visit the Department of Public Health's Division of Vital Records at <https://dph.illinois.gov/topics-services/birth-death-other-records> or email dph.vitals@illinois.gov.

For a recorded explanation of your rights and responsibilities call 1-844-215-6576, or if you have any questions relating to completing this form, call the customer service call center at 1-800-447-4278.