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

THIS FORM IS TO BE USED ONLY BY PARTIES WHO ARE OR WERE MARRIED OR IN A CIVIL UNION WHEN THE CHILD WAS BORN; OR THE MARRIAGE OR CIVIL UNION WAS LEGALLY TERMINATED WITHIN 300 DAYS OF THE DATE THE CHILD WAS BORN.

Child's information as shown on the Birth Certificate

Print all requested information

Child's Name (First)		Middle (if any)	Last (same as on the Birth Certificate)	Suffix (Jr, II, III)
Date of Birth (mm/dd/yy)	Gender M F	Name of Hospital or Address of Place of Birth		City, County, and State of Birth

Presumed Parent - 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..

Presumed Parent'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
Date of Marriage or Civil Union _____				

By signing I acknowledge that I have read the rights and responsibilities and instructions on the other side of this form 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.

PRESUMED PARENT and BIOLOGICAL MOTHER: Under the penalties of perjury provided by Section 1-109 of the Illinois Code of Civil Procedure, I certify that my statements in this document are true and correct.

Presumed Parent'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.

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

For Official Use Only _____

Case #

Docket #

CP RIN

NCP RIN

Instructions for Completing the Illinois Denial of Parentage

PURPOSE: The Denial of Parentage (hereafter called Denial) is signed, witnessed, and filed with the Department of Healthcare and Family Services (hereafter called HFS) when the biological mother of the child is or was married or in a civil union when this child was born or within 300 days before this child was born, the presumed parent is not the biological father and the biological father acknowledges paternity of the child by signing and filing the Voluntary Acknowledgment of Paternity (hereafter called VAP), with HFS. **Forms that contain errors will be rejected. As a result, paternity is not established, and the biological father's name will not be placed on the birth certificate.**

YOUR RIGHTS AND RESPONSIBILITIES

I understand that:

1. this is a legal document and is valid when signed, witnessed, and filed with HFS in conjunction with a valid VAP that is signed, witnessed, and filed with HFS. I understand a valid Denial by a presumed parent filed with HFS in conjunction with a valid VAP is equivalent to an adjudication of the non-parentage of the presumed parent and discharges the presumed parent from all rights and duties of a parent.
2. the biological mother and the presumed parent must sign and file the Denial with HFS and that the biological mother and biological father must sign and file the VAP with HFS to establish legal paternity and place the biological father's name on the child's birth certificate.
3. if the biological mother and the presumed parent do not sign and file the Denial with HFS and the biological mother and biological father do not sign and file the VAP with HFS, the presumed parent, by law, is the legal parent and that person's name must be placed on the child's birth certificate.
4. when the biological mother and the presumed parent sign and file the Denial with HFS and the biological mother and biological father sign and file the VAP with HFS, the biological father becomes the legal father of the child for all purposes. The presumed parent is essentially adjudicated to a status of non-parentage and is discharged from all rights and duties of a parent.
5. either the biological mother or presumed parent of the child may withdraw the action of signing and filing the Denial with HFS by signing and filing a Rescission of Voluntary Acknowledgment of Paternity or Rescission of Denial of Parentage (hereafter called Rescission). The Rescission must be signed, witnessed, and filed with the Department within 60 days from the effective date of the Denial or the date of a proceeding relating to the child, whichever occurs earlier. Upon Department verification of the Rescission, the presumed parent is legally responsible for support of the child.
6. either the biological mother or biological father of the child may withdraw the action of signing and filing the VAP with HFS by signing and filing a Rescission. The Rescission must be signed, witnessed, and filed with the Department within 60 days from the effective date of the VAP or the date of a proceeding relating to the child, whichever occurs earlier. Upon Department verification of the Rescission, the presumed parent is legally responsible for support of the child.

INSTRUCTIONS – USE BLACK OR BLUE INK

1. Each person must sign and date all forms in front of a witness. A witness must be an adult age eighteen or older but cannot be a person named on the form he or she is asked to witness.
2. If you are completing the Denial and VAP at the hospital when the child is born, hospital staff will add the biological father's name to the birth certificate and send the documents to HFS for filing.
3. You may complete the Denial and VAP before your child is born, but neither is valid until the child is born and the documents are filed with HFS.
4. You may complete the Denial and VAP for a child born in another state.
5. When the Denial and VAP are not completed at the hospital, the parents must sign and date the form(s) in front of an adult witness and file the completed documents with HFS.

Mail original document to: Administrative Coordination Unit (ACU)
(Copies will be rejected) PO BOX 19152
Springfield, Illinois 62794-9152

The Administrative Coordination Unit (ACU) will file the Denial and send a copy of the completed Denial and VAP to either the: 1. Illinois Department of Public Health, Division of Vital Records (for Illinois births); or 2. Vital Records Office in affected state (for out of state births)

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.

To request a certified copy of the Denial, complete and follow the instructions on the **HFS 3416H**, Request for a Certified copy of the Voluntary Acknowledgment of Paternity and/or Denial of Parentage. This form can also be found on the HFS website provided above.

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.