



File Date for ACU use only

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

**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 non-parentage 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): ☐ Voluntary Acknowledgment of Paternity ☐ Denial of Parentage

Name (Person Requesting Withdrawal)		Date of Birth (mm/dd/yy)
Current Address (street address and/or PO Box)	City, State, and Zip	SSN/TIN
Full Name of Child (same as on the Birth Certificate)		Child's Date of Birth (mm/dd/yy)
Date VAP or Denial was Signed (mm/dd/yy)	Name of Other Person who Signed VAP or Denial (not the witness)	

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 (Person Requesting Withdrawal) \_\_\_\_\_ Date of Signature \_\_\_\_\_  
E-mail Address \_\_\_\_\_

### Witness Information

Printed Name \_\_\_\_\_  
Address \_\_\_\_\_ Signature \_\_\_\_\_  
Phone Number \_\_\_\_\_ Date Signed \_\_\_\_\_

Mail to HFS/ACU, PO BOX 19152, Springfield, IL 62794-9152.

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 (hereafter called 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 (hereafter called VAP) and/or the HFS 3416D, Illinois Denial of Parentage (hereafter called 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 original document to:  
(Copies will be rejected) 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.  
(Translation from English paragraph 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](mailto: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.