



## 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 (here after called the “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 (here after called the “VAP”) and/or the HFS 3416D, Illinois Denial of Parentage (here after called the “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 As a result, the VAP and/or Denial will not be withdrawn and the biological father’s name will remain on the child’s birth certificate.**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 the Rescission to the Department’s:

Administrative Coordination Unit (ACU)  
110 West Lawrence Avenue  
Springfield, Illinois 62704

For more information about the Rescission or other related forms, ask hospital staff for the HFS 3416A, “Two Parents...Give Your Child Hope” flyer. You may also obtain a copy from state and local registrars, county clerks, Department of Human Services offices, Child Support Services offices or by going to the [Forms and Brochures](#) section of the Child Support Services website.

This form is available in English and Spanish upon request and on the HFS website ([www.childsupport.illinois.gov](http://www.childsupport.illinois.gov)). 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 ([WWW.CHILDSUPPORT.ILLINOIS.GOV](http://WWW.CHILDSUPPORT.ILLINOIS.GOV)), 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, contact the Department of Public Health’s Division of Vital Records at [Birth, Death, Other Records | IDPH](#) or 217-782-6554.

If you have any questions relating to completing this form, call the Child Support Customer Service Call Center at 1-800-447-4278.