



## Illinois Voluntary Acknowledgment 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.

|   |  |   |  |   |                                |
|---|--|---|--|---|--------------------------------|
| <b>Check where signed:</b> <input type="checkbox"/> Hospital <input type="checkbox"/> Other   |  |   |  |   |                                |
| <b>CHILD (Information as shown on the birth certificate) – Print all Information</b>  |  |   |  |   |                                |
| First Name  |  | Middle (if any)                                       | Last (Same as on birth certificate)  | Suffix (Jr., II, III)                         |                                |
| Date of Birth (mm/dd/yyyy)  |  | Sex   | Hospital Name or Street Address of Place of Birth (if not born in a hospital)                        | City  | State County                   |
|   |  | <input type="checkbox"/> M <input type="checkbox"/> F |  |   |                                |
| <b>PARENT (GENETIC PARENT or INTENDED PARENT) – Print all Information</b>   |  |   |  |   |                                |
| First Name  |  | Middle (if any)                                       | Last   | Suffix (Jr., II, III)                         |                                |
| Current Address: Street or PO Box   |  | City  | State  | Zip   | Daytime Phone (with area code) |
| Date of Birth (mm/dd/yyyy)  |  | Place of Birth - City                                 | State  | Country if not United States                  | SSN or ITIN                    |
| <b>BIRTH PARENT (PARENT WHO GAVE BIRTH) – Print all Information</b>   |  |   |  |   |                                |
| First Name  |  | Middle (if any)                                       | Last   | Maiden Name (before 1 <sup>st</sup> marriage) |                                |
| Current Address: Street or PO Box   |  | City  | State  | Zip   | Daytime Phone (with area code) |
| Date of Birth (mm/dd/yyyy)  |  | Place of Birth - City                                 | State  | Country if not United States                  | SSN or ITIN                    |
| Were you married to or in a civil union with a person that is not the Parent named above when this child was born, or within 300 days before this child was born?   |  |   | <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Spouse information below) |   |                                |
| If yes, you are required to provide the full name of your Spouse (spouse or former spouse). You and your Spouse must complete a Denial of Parentage for this VAP to be valid and to place the Parent's name on the child's birth certificate. |  |   | Spouse's First Name      Middle (if any)      Last   |   |                                |

**By signing below, I confirm I have read the instructions and my rights and responsibilities on the other side of this form. I received an oral explanation of the Voluntary Acknowledgment of Parentage (VAP). I understand that signing this form creates and waives certain legal rights and responsibilities.**

**I UNDERSTAND THAT I CAN REQUEST A GENETIC TEST REGARDING THIS CHILD'S PARENTAGE. BY SIGNING THIS FORM, I GIVE UP MY RIGHT TO A GENETIC TEST.**

Under the penalties of perjury (as defined in Section 1-109 of the Illinois Code of Civil Procedure), we certify that: The Parent listed on this form is the only other possible genetic or intended parent of this child. This child does not already have a legally acknowledged or court-ordered parent. We voluntarily sign this form to legally establish parentage and give permission for the Parent's name to be added to the child's birth certificate. We understand that this form has the same legal effect as a court order. Challenges to this form are only allowed for fraud, duress, or material mistake of fact and generally only within 2 years of filing with HFS.

Each parent must sign this form in front of a witness, age 18 or older. The witness must not be a parent or child named on this VAP.

|                                      |  |      |       |  |                          |      |       |     |
|--------------------------------------|--|------|-------|--|--------------------------|------|-------|-----|
| <b>PARENT Signature – sign below</b> |  |      |       | <b>BIRTH PARENT Signature – sign below</b> |                          |      |       |     |
| E-mail Address                       |  |      |       | E-mail Address                             |                          |      |       |     |
| <b>Witness to Parent Signature</b>   |  |      |       | <b>Witness to Birth Parent Signature</b>   |                          |      |       |     |
| Printed Name                         |  |      |       | Printed Name                               |                          |      |       |     |
| Signature                            |  |      |       | Signature                                  |                          |      |       |     |
| Street Address or PO Box             |  | City | State | Zip  | Street Address or PO Box | City | State | Zip |
| Phone Number                         |  |      |       | Phone Number                               |                          |      |       |     |
| Date Parent Signed (mm/dd/yyyy)      |  |      |       | Date Parent Signed (mm/dd/yyyy)            |                          |      |       |     |

# Instructions for Completing the Illinois Voluntary Acknowledgment of Parentage

**PURPOSE:** The Voluntary Acknowledgment of Parentage (VAP), when signed by the Birth Parent and Parent, establishes the legal relationship between the Parent and child and allows the Parent's name to be placed on the birth certificate. The Parent can be either a genetic parent (not the Birth Parent) or an intended parent of a child born through assisted reproduction (other than surrogacy). The Parent (genetic or intended) becomes the legal parent of the child when the VAP is signed, witnessed, and filed with the Illinois Department of Healthcare and Family Services (HFS), creating certain legal rights and responsibilities for the child and parents.

The VAP may be completed before your child is born but is not valid until the child is born and the VAP is filed with HFS. A VAP may also be completed after you leave the hospital or for a child born in another state. **Forms that contain errors will be rejected. If rejected, parentage is not established and the Parent's name will not be placed on the birth certificate.**

If the Birth Parent is or was married to (or in a civil union with) a person who is not the Parent (genetic or intended) when this child was born, or within 300 days before this child was born, a Denial of Parentage (Denial) must be signed, witnessed, and filed in addition to the VAP.

## YOUR RIGHTS AND RESPONSIBILITIES

### I understand that:

- the VAP is a legal document, and when signed, witnessed, and filed with HFS, is the same as a court order determining the legal relationship between the Parent (genetic or intended) and child.
- if I am a minor, I have the right to sign and have this form witnessed without my guardian's permission.
- it is my responsibility to provide financial support for the child that may include child support and medical support starting from the child's birth until the child is at least 18 years old.
- this VAP does not give parenting time to the Parent (genetic or intended); however, it gives them the right to ask for parenting time.
- either the Birth Parent or Parent (genetic or intended) may rescind (withdraw) the action by signing a Rescission of Illinois Voluntary Acknowledgment of Parentage or Rescission of Denial of Parentage (Rescission). The Rescission must be signed, witnessed, and filed with HFS within 60 days from the effective date of the VAP or the date of a proceeding relating to this child, whichever occurs earlier.

## INSTRUCTIONS – USE BLACK OR BLUE INK

1. Each parent must sign and date the form 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. If the VAP is completed at the hospital when the child is born, hospital staff will add the Parent's (genetic or intended) name, along with the Birth Parent's name, to the birth certificate and send the VAP to HFS for filing.
3. If the VAP is not completed at the hospital, each person must sign and date the form 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.
4. The Birth Parent must indicate "No" or "Yes" if they are or were married to or in a civil union with a person that is not the Parent (genetic or intended) listed on this form when this child was born, or within 300 days before this child was born. If "Yes", the Birth Parent must provide the name of the Spouse (spouse or former spouse). The Birth Parent and Spouse must sign the Denial, and the Birth Parent and Parent (genetic or intended) must sign the VAP to establish legal parentage and place the Parent's (genetic or intended) name on the birth certificate. **If the Birth Parent and the Spouse do not sign the Denial, the Spouse is the legal parent of the child and that person's name, by law, must be placed on the birth certificate.**

Send official document to:

HFS - Administrative Coordination Unit (ACU)  
PO Box 19152  
Springfield, Illinois 62794-9152

The Administrative Coordination Unit (ACU) will file the official VAP and send a copy of the completed VAP (and Denial, if necessary) 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 VAP or related forms, complete and follow the instructions on the **HFS 3416H**, Request for a Certified Copy of the Voluntary Acknowledgment of Parentage 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](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.