**Voluntary Acknowledgement**

**of Parentage**

Instructions

You made your form. Here’s what to do next.

|  |  |
| --- | --- |
|  | 1. {% if other\_marriage == False %}Print the form.{% else %}Print the forms.{% endif %} |
|  | 1. Sign the {% if other\_marriage == False %}form{% else %}forms{% endif %} with the father {% if other\_marriage == True %}and your ex-spouse {% endif %} in front of the witnesses you listed. |
|  | 1. Keep a copy of the {% if other\_marriage == False %}form{% else %}forms{% endif %} for your records. |
|  | 1. Send the original forms to the Illinois Department of Healthcare and Family Services at the address listed on the {% if other\_marriage == True %}forms{% else %}form{% endif %}. |

**Do not file these instructions with the Illinois Department of Healthcare and Family Services.**