

VOLUNTARY ACKNOWLEDGMENT OF PATERNITY

PLEASE PRINT CHILD'S INFORMATION
Name of Child First Middle Last Date of Birth (Month, Day, Year) Child's Sex M F
Child's Place of Birth City, State Hospital Where Child Was Born

PLEASE PRINT MOTHER'S INFORMATION
Name of Mother First Middle Last (Maiden) Date of Birth (Month, Day, Year)
Mother's Address (Street, City, State, Zip, or Foreign Country) Mother's Telephone Number ()
Mother's Social Security Number Mother's Place of Birth (State or Foreign Country)
Mother's Employer's Name Employer's Address - Street, City, State, Zip
Mother's Medical Insurance-Company Name Policy Number

I am the biological mother of the child name on Voluntary Acknowledgment of Paternity form. I acknowledge that the man named below is the biological father of the child. I waive my rights to genetic testing. I have read and understand the rights and responsibilities listed on the back of this form and understand that by signing this Voluntary Acknowledgment of Paternity, I waive these rights. I accept the obligation to provide child support as determined under state law. I have been provided with an oral and written explanation of the implications of, alternatives to, legal consequences of, and the rights and responsibilities that arise from signing this Voluntary Acknowledgment of Paternity.

I was married at the time of conception or upon birth of the child named on this Voluntary Acknowledgment of Paternity form.

Please circle where you picked up or were given the form:

Mother's Signature Date Signed Hospital Registrar County Clerk Public Aid
I receive child support enforcement Services Yes No Public Health Human Services Other

A witness must be age 18 or older and someone other than the parents signing this form.

Witness Signature Date Witnessed Print Name of Witness Phone Number
Witness Address-Street, P.O. Box/City, State, Zip

FATHER'S INFORMATION

Name of Father First Middle Last Date of Birth (Month, Day, Year)
Father's Address (Street, City, State, Zip, or Foreign Country) Father's Telephone Number ()
Father's Social Security Number Father's Place of Birth (State or Foreign Country)
Father's Employer's Name Employer's Address - Street, City, State, Zip
Father's Medical Insurance-Company Name Policy Number

I acknowledge that I am the biological father of the child named on this Voluntary Acknowledgment of Paternity form. I waive my right to genetic testing. I have read and understand the rights and responsibilities listed on the back of this form and I understand that by signing this Voluntary Acknowledgment of Paternity, I waive these rights. I accept the obligation to provide child support as determined under state law. I have been provided with an oral and written explanation of the implications of, alternatives to, legal consequence of, and the rights and responsibilities that arise from signing this Voluntary Acknowledgment of Paternity.

Father's Signature Date Signed

A witness must be age 18 or older and someone other than the parents signing this form.

Witness Signature Date Witnessed Print Name of Witness Phone Number
Witness Address-Street, P.O. Box/City, State, Zip

REQUEST FOR CHILD'S NAME CHANGE (For Paternities Outside Hospital Environment and Illinois births only)

Within one year's time from the date you sign this form either at the birth or before your child is twenty-one, you may make one change to the name of your child shown on the birth record without a court order. Please print child's name change, if any OR place check mark in "Leave Child's name as is" box. This form cannot be used solely for the purpose of changing the child's name. Contact the Division of Vital Records.

Change child's name to: First Middle Last Leave Child's name as is.

Please note that all changes to the birth record are made by lining through the incorrect item and typing the new name directly above the prior entry. ORIGINAL - FIRST COPY (Send to IDPA if signed in hospital) (Send with Second copy to IDPA if signed out of hospital.)