

# Illinois Voluntary Acknowledgment of Paternity

File Date for ACU use only

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PLEASE READ ALL PARTS OF THIS FORM INCLUDING YOUR RIGHTS AND RESPONSIBILITIES AND INSTRUCTIONS ON THE OTHER SIDE BEFORE COMPLETING THE FOLLOWING INFORMATION. ALL ITEMS MUST BE ANSWERED.

Child's Information as shown on Birth Certificate

Print all requested information

Child's First Name	Middle Name	Last Name (same as on birth certificate)	Suffix (Jr, II, III)
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yy)	Place of Birth – Hospital Name	City/State of Birth

Biological Father's Name (first/middle/last) Suffix (Jr, II, III, IV, V)	Date of Birth (mm/dd/yy)	Place of Birth (city/state or foreign co.)
Address	City/State/Zip	Social Security Number
Were you married to or in a civil union with the biological mother when this child was conceived and/or born? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, you are presumed to be the biological father.		

Biological Mother's Name (first/middle/last)	Maiden Name	Date of Birth (mm/dd/yy)	Place of Birth (city/state or foreign co.)
Address	City/State/Zip	Social Security Number	
Were you married to or in a civil union with a person other than the father when this child was conceived and/or born? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, provide the presumed parent's name (first/middle/last) _____. A Denial of Parentage must also be completed by the biological mother and presumed parent to place the biological father's name on this child's birth certificate.			

By signing I acknowledge that I have read the rights and responsibilities and instructions on the other side of this form. I have been provided an oral explanation about the VAP and understand my rights and responsibilities created and waived by signing this form.

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

**BIOLOGICAL FATHER:** Under the penalties of perjury provided by Section 1-109 of the Illinois Code of Civil Procedure, I certify that my statements in this document are true and correct and that there is no other presumed, acknowledged or adjudicated parent for this child. I understand that the acknowledgment is the equivalent of a judicial adjudication of parentage of the child and that a challenge to the acknowledgment is permitted only under limited circumstances and is generally barred after 2 years.

Biological Father's Signature \_\_\_\_\_

**Witness Information**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Date Parties Signed \_\_\_\_\_

**BIOLOGICAL MOTHER:** Under the penalties of perjury provided by Section 1-109 of the Illinois Code of Civil Procedure, I certify that my statements in this document are true and correct and that there is no other presumed, acknowledged or adjudicated parent for this child. I understand that the acknowledgment is the equivalent of a judicial adjudication of parentage of the child and that a challenge to the acknowledgment is permitted only under limited circumstances and is generally barred after 2 years.

Biological Mother's Signature \_\_\_\_\_

**Witness Information**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Date Parties Signed \_\_\_\_\_

HFS 3416B (R-1-16) To request a certified copy of the VAP go to [www.ChildSupportIllinois.com](http://www.ChildSupportIllinois.com) and complete and follow instructions on HFS 3416H, Request for a Certified copy of the Voluntary Acknowledgment of Paternity and/or Denial of Parentage.

For Official Use Only

Case # \_\_\_\_\_

Docket # \_\_\_\_\_

CP RIN \_\_\_\_\_

NCP RIN \_\_\_\_\_

Child RIN \_\_\_\_\_

## Instructions for Completing the Illinois Voluntary Acknowledgment of Paternity

**PURPOSE:** The Voluntary Acknowledgment of Paternity (hereafter called VAP) legally establishes the biological father and child relationship (when the biological father is not married to the child's biological mother) and allows the biological father's name to be placed on the birth certificate. The biological father becomes the legal father of the child when the VAP is properly signed, witnessed and filed with the Illinois Department of Healthcare and Family Services (hereafter called HFS), creating certain legal rights and responsibilities for the child and the parents.

If the biological mother is or was married to or in a civil union with a person who is not the biological father when the child was conceived and/or born, a Denial of Parentage (hereafter called Denial) must be signed, witnessed and filed in conjunction with the completion of the VAP by the biological mother and biological father.

### YOUR RIGHTS AND RESPONSIBILITIES

I understand that:

1. 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 a biological father and child.
2. if I am a minor, I have the right to sign and have this form witnessed without my guardian's permission.
3. 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.
4. that this VAP does not give parental responsibility allocation or parenting time to the biological father.
5. either the biological mother or biological father may rescind the action by signing a Rescission of VAP. 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 the child, whichever occurs earlier.

### INSTRUCTIONS – USE BLACK OR BLUE INK

1. The biological mother must indicate "yes" or "no" if she is or was married or in a civil union at the time of conception and/or upon the birth of the child, to a person other than the biological father. The biological mother must provide the presumed parent's name. The presumed parent and biological mother must sign the Denial and the biological mother and biological father must sign the VAP to establish legal paternity and place the biological father's name on the birth certificate. **If the presumed parent and the biological mother do not sign the Denial, the presumed parent is presumed to be the parent of the child and that person's name, by law, must be placed on the birth certificate.**
2. Each person 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 parents or the child named on the VAP.
3. If you are completing the VAP (and Denial, if necessary) at the hospital when the child is born, hospital staff will add the biological father's name to the birth certificate and send the VAP to HFS for filing.
4. You may complete the VAP before your child is born, but it is not valid until the child is born and the VAP is filed with HFS.
5. You may complete the VAP (and Denial, if necessary) after you leave the hospital.
6. You may complete the VAP (and Denial, if necessary) for a child born in another state.
7. When the VAP (and Denial, if necessary) is not completed at the hospital, the parents must sign and date the form(s) in front of a witness. A witness must be an adult age 18 or older but cannot be the parents or the child named on the VAP. The completed VAP must be submitted to HFS.

Mail original document to:  
(copies will be rejected)

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

The Administrative Coordination Unit (ACU) will file the VAP and send 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)

**NOTE: Forms that contain errors will be rejected. As a result, paternity is not established and the biological father's name will not be placed on the birth certificate.**

FOR MORE INFORMATION about completing the VAP, read the flyer "Two Parents... Give Your Child HOPE." You may obtain the flyer by asking hospital staff, state and local registrars, county clerks, Department of Human Services offices or Child Support Services offices. You will also be given a child support services application if you are not currently receiving public assistance.

This form is available in English and Spanish upon request and on the HFS website ([www.ChildSupportIllinois.com](http://www.ChildSupportIllinois.com)). 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 and witnessed.

SI LAS PIDE, TENEMOS VERSIONES EN ESPAÑOL DISPONIBLES Y EN EL SITIO DEL DEPARTAMENTO EN EL INTERNET EN ([WWW.CHILDSUPPORTILLINOIS.COM](http://WWW.CHILDSUPPORTILLINOIS.COM)), 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.

If you have any questions relating to the child's birth certificate, contact the Department of Public Health's Division of Vital Records at [www.idph.state.il.us/vitalrecords](http://www.idph.state.il.us/vitalrecords) or 217-782-6554.

Get oral explanation and answers to questions relating to the completion of this form by calling the Child Support Customer Service Call Center at 1-800-447-4278.