

Rescission of Illinois Voluntary Acknowledgment of Paternity or Denial of Parentage

File Date for ACU use only

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Purpose: THIS IS A LEGAL DOCUMENT. This form cancels the legal father and child relationship created by the previously signed Voluntary Acknowledgment of Paternity and/or cancels the adjudication of the nonparentage of the presumed parent thereby making the presumed parent responsible for all rights and duties of a parent. **The form must be signed, witnessed and filed with the Department within 60 days from the effective date of either the Voluntary Acknowledgment of Paternity and/or the Denial of Parentage, or the date of a proceeding relating to the child, whichever occurs earlier.**

Instructions: PRINT in BLACK or BLUE ink. Do not cross out words or make corrections or your form will be rejected. If you make a mistake, ask for a new form. See additional instructions on the reverse side of this form. If using the Internet form, enter information and check for errors before printing. Forms with errors will be rejected.

Read carefully and complete all information before signing this form. Only one parent must sign this form to withdraw the Voluntary Acknowledgment of Paternity and/or the Denial of Parentage. The other party who signed the Voluntary Acknowledgment of Paternity and/or the Denial of Parentage will be notified of your withdrawal 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.

Call the Child Support Customer Service Call Center at 1-800-447-4278 if you have questions.

Name of Person Withdrawing Voluntary Acknowledgment of Paternity or Denial of Parentage		Date of Birth (mm/dd/yy)
Address	City/State/Zip	Social Security Number
Full Name of Child on Voluntary Acknowledgment of Paternity or Denial of Parentage		Child's Date of Birth (mm/dd/yy)
Date Voluntary Acknowledgment of Paternity or Denial of Parentage was Signed	Name of Other Person who Signed Voluntary Acknowledgment of Paternity or Denial of Parentage	

I understand that the legal father and child relationship established by signing the Voluntary Acknowledgment of Paternity is cancelled and/or the adjudication of the nonparentage of the presumed parent is canceled thereby making the presumed parent responsible for all rights and duties of a parent. Paternity may be established by other means.

Signature of Person Withdrawing Voluntary Acknowledgment of Paternity or Denial of Parentage Date of Signature

Signature of Witness Print Name of Witness

Witness Address City State Zip

Send to HFS/ACU, 110 W Lawrence Avenue, Springfield, IL 62704.

For Official Use Only _____
Case # Docket # CP RIN NCP RIN Child RIN

Instructions for Rescission of Illinois Voluntary Acknowledgment of Paternity or Denial of Parentage

PURPOSE: The Rescission of Illinois Voluntary Acknowledgment of Paternity or 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 "Acknowledgment") 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 Acknowledgment and/or the Denial, or the date of a proceeding relating to the child, whichever occurs earlier.**

PLEASE READ AND COMPLETE ALL REQUESTED INFORMATION PRIOR TO SIGNING THIS FORM.

1. Only one parent must sign this form to rescind the Acknowledgment and/or Denial.
2. The other party(ies) who signed the Acknowledgment and/or Denial will be notified of your rescission 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 rescinding the Acknowledgment 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

NOTE: Forms that contain errors will be rejected. As a result, the Acknowledgment and/or Denial will not be rescinded and the biological father's name will remain on the child's birth certificate.

FOR MORE INFORMATION about the paternity process, read the flyer "Two Parents...Give Your Child HOPE" ([HFS 3416A](#)). 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 ([HFS 1283](#)) if you are not currently receiving public assistance.

Spanish versions are available upon request, but may be used for translation purposes only. **The Spanish versions are not acceptable as legal documents.** Only the English version of the documents may be signed and witnessed.

TENEMOS ESTE FORMULARIO EN ESPAÑOL, SI LO PIDE, PERO ES SOLAMENTE USADO PARA PROPÓSITOS DE TRADUCCIÓN. NO SE ACEPTARÁN FORMULARIOS EN ESPAÑOL COMO DOCUMENTOS LEGALES, SOLAMENTE SE ACEPTARÁN FORMULARIOS EN INGLÉS FIRMADOS Y ATESTADOS.

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 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.