

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. 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 (and Denial, if necessary) may be completed after you leave the hospital, and the VAP (and Denial, if necessary) may also be completed for a child born in another state. **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.**

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 born or within 300 days before this child was 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. this VAP does not give parental responsibility allocation or parenting time to the biological father; however, it gives him the right to ask for parental responsibility allocation and parenting time.
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 to or in a civil union with a person other than the biological father when this child was born or within 300 days before this child was born. If "yes", the biological mother must provide the name of that person (referred to as the presumed parent). 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 the legal 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 18 or older but cannot be the parents or child named on the VAP.
3. If the VAP (and Denial, if necessary) is completed 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. If the VAP (and Denial, if necessary) is not completed at the hospital, each person must sign and date the form(s) in front of a witness, age 18 or older but not the parents or child named on the VAP and submit the original documents to HFS.
5. Send only the original document. Do not send a photocopy (must be original signatures)

Mail original document to: Administrative Coordination Unit (ACU)
(Copies will be rejected) PO BOX 19152
Springfield, Illinois 62794-9152

The Administrative Coordination Unit (ACU) will file the original 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, complete and follow the instructions on the **HFS 3416H**, Request for a Certified copy of the Voluntary Acknowledgment of Paternity 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.

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.