State of Illinois
Department of Healthcare and Family Services

File Date for ACU Use Only

Illinois Denial of Parentage

Please read all parts of this form including your rights and responsibilities and instructions on the other side before completing the form. All items must be answered. TYPE OR PRINT CLEARLY USING BLACK OR BLUE INK.

This form is to be used only by parties who are or were married or in a civil union when this child was born; or the marriage or civil union was legally terminated within 300 days of the date this child was born.

CHILD (Information as shown on the birth certificate) – Print all Information

First Name	Middle (if any)	Last (Same as on birth certificate)	Suffix (Jr., II, III)

Date of Birth (mm/dd/yyyy)	Sex	Hospital Name or Street Address of Place of Birth (if not born in a hospital)	City	State	County
	☐ M ☐ F				

SPOUSE (SPOUSE or FORMER SPOUSE)- Print all Information

First Name	Middle (if any)	Last	Suffix (Jr., II, III)

Current Address: Street or PO Box	City	State	Zip	Daytime Phone (with area code)

Date of Birth (mm/dd/yyyy)	Place of Birth - City	State	Country if not United States	SSN or ITIN

BIRTH PARENT (PARENT WHO GAVE BIRTH) - Print all Information

First Name	Middle (if any)	Last	Maiden (before 1st marriage)

Current Address: Street or PO Box	City	State	Zip	Daytime Phone (with area code)

Date of Birth (mm/dd/yyyy)	Place of Birth - City	State	Country if not United States	SSN or ITIN

Date of Marriage or Civil Union (mm/dd/yyyy)	

By signing below, I confirm I have read the instructions and my rights and responsibilities on the other side of this form. I received an oral explanation of the Voluntary Acknowledgment of Parentage (VAP). I understand that signing this form creates and waives certain legal rights and responsibilities.

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

Under the penalties of perjury (as provided by in Section 1-109 of the Illinois Code of Civil Procedure), we certify that our statements in this document are true and correct.

Each person must sign this form in front of a witness, age 18 or older. The witness must not be a parent or a child named on this Denial.

SPOUSE Signature – sign below		**BIRTH PARENT Signature – sign below**	
E-mail Address		**E-mail Address**	
Witness to Spouse Signature		**Witness to Birth Parent Signature**	
Printed Name		**Printed Name**	
Signature		**Signature**	
Street Address or PO Box	**City** / **State** / **Zip**	**Street Address or PO Box**	**City** / **State** / **Zip**
Phone Number		**Phone Number**	
Date Parent Signed (mm/dd/yyyy)		**Date Parent Signed (mm/dd/yyyy)**	

Instructions for Completing the Illinois Denial of Parentage

PURPOSE: The Denial of Parentage (Denial) is signed by the Birth Parent and their Spouse (spouse or former spouse) if they are or were married (or in a civil union) when this child was born, or within 300 days before this child was born, and the Spouse is not the Parent (genetic or intended) of this child. The Denial, along with a valid Voluntary Acknowledgment of Parentage (VAP) signed by the Birth Parent and Parent (genetic or intended) must be witnessed and filed with the Illinois Department of Healthcare and Family Services (HFS).

A Denial and VAP may be completed after you leave the hospital, and the Denial and VAP may also be completed for a child born in another state. **Forms that contain errors will be rejected. If rejected, parentage is not established and the Parent's name will not be placed on the birth certificate.**

YOUR RIGHTS AND RESPONSIBILITIES
I understand that:

- the Denial is a legal document and is valid when signed, witnessed, and filed with HFS along with a valid VAP that is signed, witnessed, and filed with HFS. A valid Denial and VAP are the same as a court order of the non-parentage of the Spouse and discharges the Spouse from all rights and duties of a parent.
- the Birth Parent and the Spouse must sign and file the Denial with HFS and that the Birth Parent and Parent (genetic or intended) must sign and file the VAP with HFS to establish legal parentage and place the Parent's name on the child's birth certificate. The Parent becomes the legal parent of the child for all purposes.
- if the Birth Parent and the Spouse do not sign and file the Denial with HFS and the Birth Parent and Parent (genetic or intended) do not sign and file the VAP with HFS, the Spouse, by law, is the legal parent and their name must be placed on the child's birth certificate.
- either the Birth Parent or Spouse may rescind (withdraw) the action of the Denial, or the Birth Parent or Parent may rescind (withdraw) the action of the VAP, by signing and filing a Rescission of Illinois Voluntary Acknowledgment of Parentage or Rescission of Denial of Parentage (Rescission). The Rescission must be signed, witnessed, and filed with HFS within 60 days from the effective date of the VAP/Denial or the date of a proceeding relating to this child, whichever occurs earlier. Upon HFS's verification of the Rescission, the Spouse is legally responsible for support of the child.

INSTRUCTIONS – USE BLACK OR BLUE INK

1. Each person must sign and date all forms in front of a witness (age 18 or older and not a person or child named on the form) and submit the completed, official document to HFS.
2. If the Denial and VAP are completed at the hospital when the child is born, hospital staff will add the Parent's (genetic or intended) name, along with the Birth Parent's name, to the birth certificate and send the documents to HFS for filing.
3. If the Denial and VAP are not completed at the hospital, each person must sign and date the appropriate form in front of a witness (age 18 or older and not a person or child named on the form) and submit the completed, official document to HFS.
4. The Spouse and the Birth Parent must sign the Denial, and the Birth Parent and Parent (genetic or intended) must sign the VAP to establish legal parentage for the Parent and child and place the Parent's name on the birth certificate. **If the Spouse and the Birth Parent do not sign the Denial, the Spouse is the legal parent of the child and that person's name, by law, must be placed on the birth certificate.**

Send official document to:

HFS - Administrative Coordination Unit (ACU)
PO Box 19152
Springfield, Illinois 62794-9152

The Administrative Coordination Unit (ACU) will file the official Denial and send a copy of the completed Denial and VAP 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 INGLES DEL DOCUMENTO SE PUEDE FIRMAR Y ATESTIGUAR.**

To request a certified copy of the Denial or related forms, complete and follow the instructions on the **HFS 3416H**, Request for a Certified copy of the Voluntary Acknowledgment of Parentage 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.