ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Division Of Vital Records
110 West Lawrence Avenue
Springfield, IL 62704-2610

AFFIDAVIT BY BIOLOGICAL MOTHER

State of _____:
SS
County of _____:

I, _____, being duly sworn, deposes and says
(name of person making the affidavit)

FIRST; that the child's current birth certificate information is

Mother's name as listed on the birth record _____
(mother's maiden name)

Child's full name _____

Place of birth _____ Child's date of birth _____
(hospital, city and county) (month, day and year)

SECOND; that I married the biological father after the child was born

Father's full name _____
(As listed on marriage license)

Date of marriage _____ Place of marriage _____
(month, day and year) (city and state)

THIRD; that my current residence is

Street address including apartment and/or floor _____

City, state and ZIP code _____

FOURTH; that I request a birth certificate be prepared showing the above listed man as said child's biological father and showing the child's name as

Child's first name(s) _____

Child's middle name(s) _____

Child's last name(s) _____

FIFTH; that my personal particulars are

Date of birth _____ Race _____ SSN _____
(month, day and year) (Social Security number)

Place of birth _____ Mother's legal surname _____
(state) (as to be shown on the birth certificate)

_____
(mother's signature)

Subscribed and sworn to before me this _____ day of _____, 20 _____

_____
(Notary Public)

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