State of Illinois
Illinois Department of Public Health

SURROGATE PARENTAGE CERTIFICATION
INTENDED FATHER/CO-PARENT

Gestational
Surrogate's Name _____
(First, Middle, Last, prior to first marriage/civil union)

Gestational Surrogate's
Spouse/Civil Union Partner

Check None ☐ or enter Name _____
(First, Middle, Last, prior to first marriage/civil union)

Intended
Mother/Co-Parent's Name_____
(First, Middle, Last, prior to first marriage/civil union)

Intended
Father/Co-Parent's Name _____
(First, Middle, Last, prior to first marriage/civil union)

This statement is being completed and filed prior to the birth of a child being carried by the gestational surrogate to establish a parent-child relationship in accordance with Section 12 of the Vital Records Act (410 ILCS 535/12), the Illinois Parentage Act of 2015 (750 ILCS 46), and the Gestational Surrogacy Act (750 ILCS 47). The names of the intended mother/co-parent and intended father/co-parent shall be entered on the child's birth certificate. The names of the gestational surrogate and the gestational surrogate's spouse/civil union partner (if any), shall not be on the birth certificate. I certify that I provided or a sperm donor donated the sperm from which the child being carried by the gestational surrogate was conceived.

Dated _____ _____
(Enter month, day and year) Signature of intended father/co-parent

Home Address_____
(Street, City, State, ZIP Code)

Two witnesses must attest to the signature of the intended father/co-parent completing this surrogate parentage statement and make the following certification: **I am a competent adult and not the gestational surrogate, gestational surrogate's spouse/civil union partner (if any), intended mother/co-parent or intended father/co-parent.**

_____ _____
Witness Signature Witness Signature

_____ _____
Typed or printed name Typed or printed name

Dated _____ Dated_____
(Enter month, day and year) (Enter month, day and year)

Prior to the birth of the child, this certification shall be placed in the medical records of the gestational surrogate and copies shall be filed with the Illinois Department of Public Health at 110 West Lawrence Ave., Springfield, Illinois 62704-2610.

There is *NO CHARGE* to file surrogate parentage statements.

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