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

AFFIDAVIT BY BIOLOGICAL FATHER

State of _____:
SS
County of _____:

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

FIRST; that I am the biological father of

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 mother after the child was born

Mother's maiden 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 me 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 _____ Occupation _____
(city and state or country if other than United States) (when child was born)

_____
(father's signature)

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

_____
(Notary Public)

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