State of Illinois
Illinois Department of Public Health

SURROGATE PARENTAGE CERTIFICATION GESTATIONAL SURROGATE'S SPOUSE/ CIVIL UNION PARTNER

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 am the spouse/civil union partner of the gestational surrogate. I certify that I am not the biological parent of the child being carried by my spouse/civil union partner. I also certify that my spouse/civil union partner is carrying the child for the intended parents.

Dated _____
(Enter month, day and year)

_____
Signature of gestational surrogate's spouse/civil union partner

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

Two witnesses must attest to the signature of the gestational surrogate's husband/civil union partner 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

_____
Typed or printed name

Dated _____
(Enter month, day and year)

_____
Witness Signature

_____
Typed or printed name

Dated_____
(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, IL 62704-2610.

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

VR 810.1 (08/26)

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