

Illinois Denial of Parentage

File Date for ACU use only

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PLEASE READ ALL PARTS OF THIS FORM INCLUDING YOUR RIGHTS AND RESPONSIBILITIES AND INSTRUCTIONS ON THE OTHER SIDE BEFORE COMPLETING THE FOLLOWING INFORMATION. ALL ITEMS MUST BE ANSWERED.

Child's Information as shown on Birth Certificate **Print all requested information**

Child's First Name	Middle Name	Last Name (same as on birth certificate)	Suffix (Jr, II, III)
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yy)	Place of Birth – Hospital Name	City/State of Birth

Presumed Parent - Person married to or in a civil union with the biological mother when the child is born or if the child is born within 300 days after the marriage or civil union has ended.

Presumed Parent's Name (first/middle/last) Suffix (Jr, II, III, IV, V)	Date of Birth (mm/dd/yy)	Place of Birth (city/state or foreign co.)
Address	City/State/Zip	Social Security Number

Biological Mother's Name (first/middle/last)	Maiden Name	Date of Birth (mm/dd/yy)	Place of Birth (city/state or foreign co.)
Address	City/State/Zip	Social Security Number	

Date of Marriage or Civil Union _____

By signing I acknowledge that I have read the rights and responsibilities and instructions on the other side of this form and understand my rights and responsibilities created and waived by signing this form.

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

PRESUMED PARENT: Under the penalties of perjury provided by Section 1-109 of the Illinois Code of Civil Procedure, I certify that my statements in this document are true and correct and that I have not previously acknowledged this child's parentage or been adjudicated to be the parent of this child.	
Presumed Parent's Signature _____	
Witness Information	
Signature _____	Printed Name _____
Address _____	
Phone Number _____	Date Parties Signed _____

BIOLOGICAL MOTHER: Under the penalties of perjury provided by Section 1-109 of the Illinois Code of Civil Procedure, I certify that my statements in this document are true and correct.	
Biological Mother's Signature _____	
Witness Information	
Signature _____	Printed Name _____
Address _____	
Phone Number _____	Date Parties Signed _____

HFS 3416D (R-1-16) To request a certified copy of the Denial go to www.ChildSupportIllinois.com and complete and follow instructions on [HFS 3416H](#), Request for a Certified copy of the Voluntary Acknowledgment of Paternity and/or Denial of Parentage.

For Official Use Only _____
Docket # CP RIN NCP RIN Child RIN

Instructions for Completing the Illinois Denial of Parentage

PURPOSE: The Denial of Parentage (hereafter called Denial) is signed, witnessed and filed with the Department of Healthcare and Family Services (hereafter called HFS) when the biological mother of the child is or was married or in a civil union at the time of conception and/or upon the birth of the child, the presumed parent is not the biological father and the biological father acknowledges paternity of the child by signing and filing the Voluntary Acknowledgment of Paternity (hereafter called VAP), with HFS.

YOUR RIGHTS AND RESPONSIBILITIES

I understand that:

1. this is a legal document and is valid when signed, witnessed and filed with HFS in conjunction with a valid VAP that is signed, witnessed and filed with HFS. I understand a valid Denial by a presumed parent filed with HFS in conjunction with a valid VAP is equivalent to an adjudication of the nonparentage of the presumed parent and discharges the presumed parent from all rights and duties of a parent.
2. the biological mother and the presumed parent must sign and file the Denial with HFS and that the biological mother and biological father must sign and file the VAP with HFS to establish legal paternity and place the biological father's name on the child's birth certificate.
3. if the biological mother and the presumed parent do not sign and file the Denial with HFS and the biological mother and biological father do not sign and file the VAP with HFS, the presumed parent, by law, is presumed to be the parent and that person's name must be placed on the child's birth certificate.
4. when the biological mother and the presumed parent sign and file the Denial with HFS and the biological mother and biological father sign and file the VAP with HFS, the biological father becomes the legal father of the child for all purposes. The presumed parent is essentially adjudicated to a status of nonparentage and is discharged from all rights and duties of a parent.
5. either the biological mother or presumed parent of the child may withdraw the action of signing and filing the Denial with HFS by signing and filing a Rescission of Voluntary Acknowledgment of Paternity or Denial of Parentage (hereafter called Rescission). The Rescission must be signed, witnessed and filed with the Department within 60 days from the effective date of the Denial or the date of a proceeding relating to the child, whichever occurs earlier. Upon Department verification of the Rescission, the presumed parent is legally responsible for support of the child.
6. either the biological mother or biological father of the child may withdraw the action of signing and filing the VAP with HFS by signing and filing a Rescission. The Rescission must be signed, witnessed and filed with the Department within 60 days from the effective date of the VAP or the date of a proceeding relating to the child, whichever occurs earlier. Upon Department verification of the Rescission, the presumed parent 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. A witness must be an adult age eighteen or older but cannot be the parents or the child named on the VAP.
2. If you are completing the Denial and VAP at the hospital when the child is born, hospital staff will add the biological father's name to the birth certificate and send the documents to HFS for filing.
3. You may complete the Denial and VAP before your child is born, but neither is valid until the child is born and the documents are filed with HFS.
4. You may complete the Denial and VAP for a child born in another state.
5. When the Denial and VAP are not completed at the hospital, the parents must sign and date the form(s) in front of an adult witness and file the completed documents with HFS.

Mail original document to:

(copies will be rejected)

Administrative Coordination Unit (ACU)
110 West Lawrence Avenue
Springfield, Illinois 62704

The Administrative Coordination Unit (ACU) will file the Denial and send 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)

NOTE: Forms that contain errors will be rejected. As a result, paternity is not established and the biological father's name will not be placed on the birth certificate.

FOR MORE INFORMATION about completing the Denial and VAP, read the flyer "Two Parents...Give Your Child HOPE." You may obtain the flyer by asking hospital staff, state and local registrars, county clerks, Department of Human Services offices or Child Support Services offices. You will also be given a child support services application if you are not currently receiving public assistance.

This form is available in English and Spanish upon request and on the HFS website (www.ChildSupportIllinois.com). 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 and witnessed.

SI LAS PIDE, TENEMOS VERSIONES EN ESPAÑOL DISPONIBLES Y EN EL SITIO DEL DEPARTAMENTO EN EL INTERNET EN (WWW.CHILDSUPPORTILLINOIS.COM), PERO SÓLO SE PUEDEN USAR PARA PROPÓSITOS DE TRADUCCIÓN. **LAS VERSIONES EN ESPAÑOL NO SON DOCUMENTOS LEGALES ACEPTABLES.** SÓLO LA VERSIÓN EN INGLÉS DEL DOCUMENTO SE PUEDE FIRMAR Y ATESTIGUAR.

If you have any questions relating to the child's birth certificate, contact the Department of Public Health's Division of Vital Records at www.idph.state.il.us/vitalrecords or 217-782-6554.

Get oral explanation and answers to questions relating to the completion of this form by calling the Child Support Customer Service Call Center at 1-800-447-4278.