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Voluntary acknowledgement of paternity form missouri

Illinois Voluntary Acknowledgment of Paternity

Section 1: Child's Information

Child's First Name	Middle Name	Last Name (same as on birth certificate)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (mm/dd/yy)	Place of Birth - Hospital Name	City/State/Zip	

Section 2: Father's Information

Father's Name (first/middle/last)	Date of Birth (mm/dd/yy)	Place of Birth (city/state)
Address		Social Security Number
City/State/Zip		

Section 3: Mother's Information

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

Section 4: Marital Status

Were you married to a man other than the biological father when this child was conceived and/or born? Yes No

If yes, a Denial of Paternity must also be completed by the mother and the husband/ex-husband to place the biological father's name on this child's birth certificate.

Section 5: Signatures

Father's Signature	Mother's Signature
Print Name of Father	Print Name of Mother
Witness' Signature	Witness' Signature
Print Name of Witness	Print Name of Witness
Witness Address	Witness Address
Witness' Telephone #	Witness' Telephone #
Date Parties Signed	Date Parties Signed

ILLINOIS VOLUNTARY ACKNOWLEDGMENT OF PATERNITY

Instructions: PRINT in BLACK ink. Do not cross out words or make corrections or your form will be rejected. If you make a mistake, print a new form. Print 4 copies, sign each copy and have your witness sign and complete each copy. See additional instructions on the second page of this form.

Read carefully and complete all information before signing this form. Call the Child Support Customer Service Call Center at 1-800-447-4278 if you have questions. Questions about the birth certificate must be directed to the Illinois Department of Public Health, Division of Vital Records, at www.idph.state.il.us/vitalrecords or 217-782-6554.

Child's First Name: _____ Middle Name: _____ Last Name (same as on birth certificate): _____ Sex: M F

Date of Birth (mm/dd/yy): _____ Place of Birth - Hospital Name: _____ City/State/Zip: _____

Father's Name (first/middle/last): _____ Date of Birth (mm/dd/yy): _____ Place of Birth (city/state): _____

Address: _____ City/State/Zip: _____ Social Security Number: _____

Mother's Name (first/middle/last): _____ Maiden Name: _____ Date of Birth (mm/dd/yy): _____ Place of Birth (city/state): _____

Address: _____ City/State/Zip: _____ Social Security Number: _____

Were you married to a man other than the biological father when this child was conceived and/or born? Yes No

If yes, a Denial of Paternity must also be completed by the mother and the husband/ex-husband to place the biological father's name on this child's birth certificate.

By signing, I:

- Understand that this is a legal document. I understand that when the Voluntary Acknowledgment of Paternity (hereafter called VAP) is signed and witnessed, it is the same as a court order determining the legal relationship between a father and child.
- Understand that if I am a minor, I have the right to sign and have this form witnessed without my guardian's permission. I understand that when the parents are minors, paternity is not conclusive until six months after the younger of the parents turns 18.
- Understand that both parents have the right to all notices of any adoption proceedings.
- Understand my responsibility to provide financial support for the child that may include child support and medical support starting from the child's birth until the child is at least 18 years old.
- Understand that this VAP does not give custody or visitation to the father. However, this gives the father the right to ask the court for custody or visitation.
- Understand that either the mother or father may withdraw the action by signing a Rescission of VAP. The Rescission must be signed and received by the Department within 60 days of signing the VAP or the date of a proceeding relating to the child, whichever occurs earlier.
- Have read the instructions on the second page of this form, been provided an oral explanation about the VAP and understand my rights and responsibilities created and waived by signing this form. Oral explanations can be heard by calling 1-800-447-4278.

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.

Father's Signature	Mother's Signature
Print Name of Father	Print Name of Mother
Witness' Signature	Witness' Signature
Print Name of Witness	Print Name of Witness
Witness Address	Witness Address
Witness' Telephone #	Witness' Telephone #
Date Parties Signed	Date Parties Signed

Send one copy to HFS/ACU, 110 W Lawrence, Springfield, IL 62704 if signed in hospital. Send two copies to HFS if signed outside hospital. One copy is for the mother and one copy is for the father.

For Official Use Only

Case #	Docket #	CP RIN	NCP RIN	Child RIN
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HFS 3416B INTERNET (R-7-10) [Print Form](#)

AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY

Print Respond

Section 1: Respondent Information

Respondent Name (first, middle, last)	IV-D Case	<input type="checkbox"/> TANF
Social Security Number	<input type="checkbox"/> IV-D Foster Care	<input type="checkbox"/> Medicaid Only
Respondent Name (first, middle, last)	<input type="checkbox"/> Foster Assistance	<input type="checkbox"/> Never Assistance
Social Security Number	State IV-D Case	<input type="checkbox"/> File Stamp

Responding IV-D Case No. _____ Initiating IV-D Case No. _____

Responding Tribunal No. _____ Initiating Tribunal No. _____

A Separate Affidavit is Required for Each Child Needing Paternity Established.

SECTION 2

I, _____, on oath, under penalty of perjury depose and allege:

I am the natural mother of the child named below; natural father; other, explain: _____

Section 3: Child Information

Child's Full Legal Name (first, middle, last)	Child's Date of Birth (Month, Day, Year)	Place of Birth (city, county, state)
Date Mother Left Program (month, year)	Full Term Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, explain)	Where Mother Left Program (city, county, state)
		Mother's Maiden Name (first, middle, last)

2. The child was conceived as a result of sexual intercourse between me and the man named below, _____, from _____, _____, _____.

3. a. A man is named as the father on the child's birth certificate. Yes (attach certified copy) No
If Yes, the man's name and address are: _____

b. A man was married to the natural mother, and the child's birth occurred within a year of the end of the marriage. Yes No
If Yes, the man's name and address are: _____ (Use marriage record) (Month, Day, Year)

c. A man signed an acknowledgment of paternity before an acknowledgment became a legal finding of paternity under State law. Yes (attach certified copy) No

d. A man acted as and presented himself to be the child's father. Yes No
If Yes, the man's name and address are: _____

e. Genetic tests were completed to determine the biological father of the child. If Yes, attach results. Yes No

Page 1 of 1 - AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY
CP 11/05/04 rev. 09/04/05

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