



REQUEST FOR A CERTIFIED COPY OF THE VOLUNTARY ACKNOWLEDGMENT OF PATERNITY and/or DENIAL OF PATERNITY

Only the parents of a child may request a certified copy of the Voluntary Acknowledgment of Paternity. Attorneys making such a request on behalf of a parent must do so on attorney letterhead. The parent's signature authorizing release of information to the attorney must be affixed to the attorney's letter or attach this completed for to the attorney's letter. **The parent's signature must be an original and must be notarized.** Please print all information below, except for the signature.

Child's Name _____
First
Middle
Last

Child's Date of Birth _____

Requestor's (Parent's) Name _____

Requestor's (Parent's) Social Security Number (Last 4 numbers) _____

Requestor's Address _____

Daytime Phone Number _____

Signature of Requestor: _____ Date: _____

Subscribed and sworn before me this _____ day of _____

Notary Public

My commission expires:

Mail the completed, notarized form to:

Healthcare and Family Services
Division of Child Support Services
Administrative Coordination Unit
110 West Lawrence Avenue
Springfield, IL 62704

No copies or facsimiles will be accepted.