**Section 500.APPENDIX H Affidavits**

**Section 500.ILLUSTRATION A Affidavit by Mother**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| STATE OF ILLINOIS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DEPARTMENT OF PUBLIC HEALTH**  DIVISION OF VITAL RECORDS  SPRINGFIELD 62702-5097 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOTE:** A CERTIFIED COPY OF YOUR MARRIAGE RECORD MUST ACCOMPANY THE COMPLETED AFFIDAVITS. AFFIDAVITS MUST BE SIGNED BEFORE A NOTARY PUBLIC OR THEY WILL NOT BE ACCEPTED. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **AFFIDAVIT BY MOTHER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STATE OF | |  | | | | | | | | | | | | | | | | | SS | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| COUNTY OF | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | being duly sworn, deposes and says: | | | | | | | | | | | | | | | |
| *(Name of person making affidavit)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **FIRST:** that she is | | | | | | | | |  | | | | years of age and resides at | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | Street | | |
| in the City of | | |  | | | | | | | | | | | | | | | | | | | , State of | | | | | |  | | | | | | | | | | | | | | | | | |
| **SECOND:** that she is the mother of | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | a (fe)male child | | | | | | |
| and that said child was born on | | | | | | | | | | |  | | | | | | | | day of | | | | | | |  | | | , 19 | |  | | , in the City of | | | | | |  | | | | | | , |
| County of | |  | | | | | | | | | | | | | | | , State of Illinois, and in | | | | | | | | | | | | | | |  | | | | | | | | | Hospital, | | | | |
| and at that time she age her name as | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | for the purpose of recording its birth. | | | | | | | | | | | | | | |
| **THIRD:** that the natural father of said child is | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| and that she was married to said father on the | | | | | | | | | | | | | | | | |  | | | | | day of | | | | |  | | | | | | | | | | | | | , 19 | |  | | | |
| at |  | | | | | | | | | | | | | | | | | | | | | | , State of | | | | |  | | | | | | | | | | | | | | | | | . |
| *(City, town or county)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **FOURTH:** that she now requests that a certificate of birth be prepared and filed showing said child to be the | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| legitimate child of | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| and the child's new name as | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | CHILD'S NAME | | | | | | FIRST | | | | | | | | | | | | | MIDDLE | | | | | | | LAST | | | | | | | | | |
| **FIFTH:** that the following are the PERSONAL PARTICULARS CONCERNING THE MOTHER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother's maiden name: | | | | | | | | | |  | | | | | | | | | | |  | | | Date of birth | | | | | | |  | | | | | | | | | | | | | | |
| Color or race | | | | | |  | | | | | | | | | | | | | | |  | | | Occupation when child was born | | | | | | | | | | | | |  | | | | | | | | |
| Place of birth | | | | | | |  | | | | | | | | | | | | | |  | | | Social Security Number | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | *Signature of Mother* | | | | | | | | | | | | | | | | | | | | | |
| Subscribed and sworn to before me this | | | | | | | | | | | | | |  | | | | day of | | | | | | |  | | | | | | | | | | , 19 | | |  | | | | | | . | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *Notary Public* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| VR-171 (1991r) | | | | | **ILLINOIS DEPARTMENT OF PUBLIC HEALTH – DIVISION OF VITAL RECORDS – SPRINGFIELD 62702-5097** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(Source: Added at 15 Ill. Reg. 11706, effective August 1, 1991)