**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 RECORDSSPRINGFIELD 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)