**Section 500.APPENDIX H Affidavits**

**Section 500.ILLUSTRATION B Affidavit by Father**

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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 FATHER:** |
| STATE OF |  | SS |
|  |
| COUNTY OF |  |
|  | being duly sworn, deposes and says: |
| *(Name of person making affidavit)* |  |
| **FIRST:** that he is |  | years of age and resides at |  | Street |
| in the City of |  | , State of |  |
| **SECOND:** that he is the natural father of |  | a (fe)male child, |
| and that said child was born on the |  | day of |  | , 19 |  |  |
| in the City of |  | , County of  |  | , State of Illinois, and in |
|  | Hospital, to |  |
|  |  | *(Maiden name of mother)* |
| **THIRD:** that he was married to the said mother on the |  | day of |  | , 19 |  |
|  at |  | , State of |  |
| *(City, town or county)* |  |
| **FOURTH:** that he 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 FATHER: |
|  | Color or race |  |  |
|  | Place of birth |  |  |
|  | Date of birth |  |  |
|  | Occupation when child was born |  |  |
|  | Social Security Number |  |  |
|  |  |
|  | *Signature of father* |
| Subscribed and sworn to before me this |  | day of |  | , 19 |  |
|  |  |
|  | *Notary Public* |
| VR-172 (1991r) | **ILLINOIS DEPARTMENT OF PUBLIC HEALTH – DIVISION OF VITAL RECORDS – SPRINGFIELD 62702-5097** |

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