



**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**

Division Of Vital Records

925 East Ridgely Ave.

Springfield, IL 62702-2737

**AFFIDAVIT BY BIOLOGICAL FATHER**

State of \_\_\_\_\_ :  
SS

County of \_\_\_\_\_ :

I, \_\_\_\_\_, being duly sworn, deposes and says  
(name of person making the affidavit)

**FIRST;** that I am the biological father of

Child's name \_\_\_\_\_

Place of birth \_\_\_\_\_ Child's date of birth \_\_\_\_\_  
(hospital and city) (month, day and year)

**SECOND;** that I married the biological mother after the child was born

Mother's maiden name \_\_\_\_\_

Date of marriage \_\_\_\_\_ Place of marriage \_\_\_\_\_  
(month, day and year) (city and state)

**THIRD;** that my current residence is

Street address including apartment and/or floor \_\_\_\_\_

City, state and ZIP code \_\_\_\_\_

**FOURTH;** that I request a birth certificate be prepared showing me as said child's biological father and showing the child's name as

Child's first name(s) \_\_\_\_\_

Child's middle name(s) \_\_\_\_\_

Child's last name(s) \_\_\_\_\_

**FIFTH;** that my personal particulars are

Date of birth \_\_\_\_\_ Race \_\_\_\_\_ SSN \_\_\_\_\_  
(month, day and year) (Social Security number)

Place of birth \_\_\_\_\_ Occupation \_\_\_\_\_  
(city and state or country if other than United States) (when child was born)

\_\_\_\_\_  
(father's signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)