



# SURROGATE PARENTAGE CERTIFICATION ATTORNEY'S CERTIFICATION STATEMENT

Gestational  
Surrogate's Name \_\_\_\_\_  
(First, Middle, Last, prior to first marriage/civil union)

Gestational Surrogate's  
Husband/Civil Union Partner  
Check None \_\_\_\_\_ or enter Name \_\_\_\_\_  
(First, Middle, Last, prior to first marriage/civil union)

Intended  
Mother/Co-Parent's Name \_\_\_\_\_  
(First, Middle, Last, prior to first marriage/civil union)

Intended  
Father/Co-Parent's Name \_\_\_\_\_  
(First, Middle, Last, prior to first marriage/civil union)

This statement is being completed and filed with regard to Illinois statutes concerning gestational surrogacy, and to establish a parent-child relationship in accordance with Section 12 of the Vital Records Act (410 ILCS 535/12), the Illinois Parentage Act of 2015 (750 ILCS 46), and the Gestational Surrogacy Act (750 ILCS 47). I hereby certify that the gestational surrogate, the gestational surrogate's husband/ civil union partner (if any), and the intended parent or parents have entered into a gestational surrogacy contract, and further certify that the gestational surrogacy contract satisfies the requirements of Section 25 of the Gestational Surrogacy Act (750 ILCS 47/25) with respect to the child that will be carried by the gestational surrogate.

Dated _____ (Enter month, day and year)	_____ Signature of attorney
_____ State bar number	_____ Typed or printed name
_____ Business address	_____ Business telephone number

Name(s) of Party(ies) being represented: \_\_\_\_\_

Two witnesses must attest to the signature of the attorney completing this surrogate parentage statement and make the following certification: <b>I am a competent adult and not the gestational surrogate, gestational surrogate's husband/civil union partner (if any), intended mother/co-parent or intended father/co-parent.</b>	
_____ Witness Signature	_____ Witness Signature
_____ Typed or printed name	_____ Typed or printed name
Dated _____ (Enter month, day and year)	Dated _____ (Enter month, day and year)

Prior to the birth of the child, this certification shall be placed in the medical records of the gestational surrogate and copies shall be filed with the Illinois Department of Public Health at 925 E. Ridgely Ave., Springfield, IL 62702-2737. *The attorneys for the intended parents and the gestational surrogate must each execute a separate certification.*

**There is NO CHARGE to file surrogate parentage statements.**