



SURROGATE PARENTAGE CERTIFICATION PHYSICIAN'S 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 prior to the birth of a child being carried by the gestational surrogate 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). The names of the intended mother/co-parent and intended father/co-parent shall be entered on the child's birth certificate. The names of the gestational surrogate and the gestational surrogate's husband/civil union partner (if any), shall not be on the birth certificate. I am a physician licensed to practice medicine in all its branches in the State of Illinois. I certify that the child being carried by the gestational surrogate is the biological child of the intended mother/co-parent and/or intended father/co-parent. I also certify that neither the gestational surrogate nor the gestational surrogate's husband/civil union partner (if any), is a biological parent of the child being carried by the gestational surrogate.

Dated _____,
(Enter month, day and year)

Signature of physician

Illinois medical license number

Typed or printed name

Business address

Business telephone number

Two witnesses must attest to the signature of the physician completing this surrogate parentage statement and make the following certification: **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.**

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.

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