

HFS 3416D, DENIAL OF PARENTAGE

The [HFS 3416D](#), Denial of Parentage (Denial), is completed, signed, witnessed and filed with the Department of Healthcare and Family Services (HFS) when the biological mother of the child is or was married or in a civil union at the time the child was born or within 300 days before the child was born, and the presumed parent is not the biological father and the biological father acknowledges paternity of the child by signing and filing the Voluntary Acknowledgment of Paternity (VAP) with HFS.

Individuals are instructed to read all parts of the Denial, including the rights and responsibilities and instructions on the back of the form, before completing.

To lessen any confusion you may have when completing the Denial, a list of parent definitions is provided below.

Definitions of Parents:

Biological Father – The biological father is the man who provided the paternal genes of the child. The biological father is sometimes referred to as the natural father.

Biological Mother – The biological mother is the woman who gave birth to the child.

Presumed Parent – A presumed parent is a person married to or in a civil union with the biological mother when the child is born or if the child is born within 300 days after the marriage or civil union has ended.

It is necessary for you to complete all fields as shown in these instructions in order to process this form correctly.

Field Descriptions

#	Item	Description
CHILD'S INFORMATION AS SHOWN ON BIRTH CERTIFICATE (boxes 1-8) (ALL information must be entered exactly as it appears or will appear on the birth certificate)		
1	Child's first name	Enter first name (including accent marks, apostrophes and hyphens). If no first name on birth certificate, leave blank.
2	Child's middle name	Enter middle name (including accent marks, apostrophes and hyphens). If no middle name on birth certificate, leave blank.
3	Child's last name	Enter last name (including hyphens, accent marks and apostrophes).
4	Suffix following child's last name (Jr. II, III, IV)	If a suffix is not included on birth certificate, leave blank.
5	Child's date of birth	Date of birth (mm/dd/yy) must match date of birth on the birth certificate. If date is wrong on the birth certificate, the mother must contact the hospital or birthing center to have it corrected.
6	Child's gender	Appropriate box must be checked. F - female M – male
7	Child's Place of Birth – Hospital Name	Enter name of hospital or birthing center. If the name is longer than the space provided, abbreviations or initials are acceptable. When using initials or the abbreviated name, include the street address.

8	Child's city/county/state of birth	Enter the city, county, and state where the birthing center or hospital is located. If not born in a medical facility, enter city, county, and state where the birth actually occurred.
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PRESUMED PARENT INFORMATION (boxes 9 – 14)

Presumed Parent – A person married to or in a civil union with the biological mother, or if the child is born within 300 days after the marriage or civil union has ended.

9	Full name of presumed parent	Enter the first, middle and last name.
10	Place of birth of presumed parent	Enter city and state where born; if not born in the United States, enter the name of the country.
11	Date of birth of presumed parent	Enter date of birth (mm/dd/yy)
12	Social Security Number of presumed parent	Enter the nine digit social security number. If no social security number, enter taxpayer identification number. If neither, leave blank.
13	Address of presumed parent	Enter complete current address.
14	City/State/Zip Code of presumed parent	Enter the City, State and Zip Code.
15	Daytime phone of presumed parent	Enter the daytime phone number of presumed parent including area code

BIOLOGICAL MOTHER INFORMATION (boxes 16 – 24)

16	Full name of biological mother	Enter the first, middle and last name.
17	Maiden name of biological mother	Enter maiden name, if different from current last name.
18	Place of birth of biological mother	Enter city and state where born; if not born in the United States, enter the name of the country.
19	Date of birth of biological mother	Enter date of birth (mm/dd/yy)
20	Social Security Number of biological mother	Enter the nine digit social security number. If no social security number, enter taxpayer identification number. If neither, leave blank.
21	Address of biological mother	Enter complete current address.
22	City/State/Zip Code of biological mother	Enter the City, State and Zip Code.
23	Daytime phone of biological mother	Enter the daytime phone number of biological mother including area code
24	Date of marriage or civil union	Enter date of marriage or civil union of biological mother and presumed parent.

PRESUMED PARENT AND WITNESS SIGNATURE INFORMATION (Boxes 25 – 30)

Witness - Must be an adult age eighteen or older but cannot be a person named on the form.

25	Signature line for presumed parent	Signature of the presumed parent. Before signing: Read and understand the paragraph above the signature line.
26	Printed name of witness	Witness is to print his/her name.
27	Signature line for witness	Signature of witness.
28	Address of witness	Witness is to enter his/her full address.
29	Phone number for witness	Witness is to enter his/her contact number.
30	Date parties signed	Date presumed parent and witness signed Denial.

BIOLOGICAL MOTHER AND WITNESS SIGNATURE INFORMATION (boxes 31 – 36)

Witness - Must be an adult age eighteen or older but cannot be a person named on the form.

31	Signature line for biological	Signature of the biological mother.
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	mother	Before signing: Read and understand the paragraph above the signature line.
32	Printed name of witness	Witness is to print his/her name.
33	Signature line for witness	Signature of witness.
34	Address of witness	Witness is to enter his/her full address.
35	Phone number for witness	Witness is to enter his/her contact number.
36	Date parties signed	Date biological mother and witness signed Denial.

Illinois Denial of Parentage

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PLEASE READ ALL PARTS OF THIS FORM INCLUDING YOUR RIGHTS AND RESPONSIBILITIES AND INSTRUCTIONS ON THE OTHER SIDE BEFORE COMPLETING THE FOLLOWING INFORMATION. ALL ITEMS MUST BE ANSWERED.

THIS FORM IS TO BE USED ONLY BY PARTIES WHO ARE OR WERE MARRIED OR IN A CIVIL UNION WHEN THE CHILD WAS BORN; OR THE MARRIAGE OR CIVIL UNION WAS LEGALLY TERMINATED WITHIN 300 DAYS OF THE DATE THE CHILD WAS BORN.

Child's Information as shown on or will be shown on Birth Certificate Print all requested information

Child's Name (First) 1		Middle (if any) 2	Last (same as on birth certificate) 3	Suffix (Jr, II, III) 4
Date of Birth (mm/dd/yy) 5	Gender 6 <input type="checkbox"/> M <input type="checkbox"/> F	Name of Hospital or Address of Place of Birth 7		City, County, and State of Birth 8

Presumed Parent - Person married to or in a civil union with the biological mother when the child is born or if the child is born within 300 days after the marriage or civil union has ended.

Presumed Parent's Name (first) 9		Middle (if any) 9	Last 9	Suffix (Jr, II, III)
Place of Birth (city, state or foreign country address) 10			Date of Birth (mm/dd/yy) 11	SSN/TIN 12
Address (street address and/or PO box) 13		City, State, and Zip 14		Daytime Phone (include area code) 15

Biological Mother's Name (First) 16		Middle (if any) 16	Current Last Name 16	Maiden Name (before 1 st marriage) 17
Place of Birth (city, state or foreign country address) 18			Date of Birth (mm/dd/yy) 19	SSN/TIN 20
Address (street address and/or PO box) 21		City, State, and Zip 22		Daytime Phone (include area code) 23
Date of Marriage or Civil Union _____ 24				

By signing I acknowledge that I have read the rights and responsibilities and instructions on the other side of this form and understand my rights and responsibilities created and waived by signing this form.

I UNDERSTAND THAT I CAN REQUEST A GENETIC TEST REGARDING THE CHILD'S PATERNITY. BY SIGNING THIS FORM I GIVE UP MY RIGHT TO A GENETIC TEST.

Each person must sign and date this form in the presence of a witness age 18 or older. The witness must not be a person named on this form.

<p>PRESUMED PARENT: Under the penalties of perjury provided by Section 1-109 of the Illinois Code of Civil Procedure, I certify that my statements in this document are true and correct</p> <p>Presumed Parent's Signature _____ 25</p> <p>Witness Information</p> <p>Printed Name _____ 26</p> <p>Signature _____ 27</p> <p>Address _____ 28</p> <p>Phone Number _____ 29</p> <p>Date Parties Signed _____ 30</p>	<p>BIOLOGICAL MOTHER: Under the penalties of perjury provided by Section 1-109 of the Illinois Code of Civil Procedure, I certify that my statements in this document are true and correct.</p> <p>Biological Mother's Signature _____ 31</p> <p>Witness Information</p> <p>Printed Name _____ 32</p> <p>Signature _____ 33</p> <p>Address _____ 34</p> <p>Phone Number _____ 35</p> <p>Date Parties Signed _____ 36</p>
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HFS 3416D (R-4-17) To request a certified copy of the Denial go to www.childsupport.illinois.gov and complete and follow instructions on [HFS 3416H](#). Request for a Certified copy of the Voluntary Acknowledgment of Paternity and/or Denial of Parentage.

For Official Use Only _____

Case #

Docket #

CP RIN

NCP RIN

Instructions for Completing the Illinois Denial of Parentage

PURPOSE: The Denial of Parentage (hereafter called Denial) is signed, witnessed and filed with the Department of Healthcare and Family Services (hereafter called HFS) when the biological mother of the child is or was married or in a civil union when this child was born or within 300 days before this child was born, the presumed parent is not the biological father and the biological father acknowledges paternity of the child by signing and filing the Voluntary Acknowledgment of Paternity (hereafter called VAP), with HFS. **Forms that contain errors will be rejected. As a result, paternity is not established and the biological father's name will not be placed on the birth certificate.**

YOUR RIGHTS AND RESPONSIBILITIES

I understand that:

1. this is a legal document and is valid when signed, witnessed and filed with HFS in conjunction with a valid VAP that is signed, witnessed and filed with HFS. I understand a valid Denial by a presumed parent filed with HFS in conjunction with a valid VAP is equivalent to an adjudication of the non-parentage of the presumed parent and discharges the presumed parent from all rights and duties of a parent.
2. the biological mother and the presumed parent must sign and file the Denial with HFS and that the biological mother and biological father must sign and file the VAP with HFS to establish legal paternity and place the biological father's name on the child's birth certificate.
3. if the biological mother and the presumed parent do not sign and file the Denial with HFS and the biological mother and biological father do not sign and file the VAP with HFS, the presumed parent, by law, is considered to be the parent and that person's name must be placed on the child's birth certificate.
4. when the biological mother and the presumed parent sign and file the Denial with HFS and the biological mother and biological father sign and file the VAP with HFS, the biological father becomes the legal father of the child for all purposes. The presumed parent is essentially adjudicated to a status of non-parentage and is discharged from all rights and duties of a parent.
5. either the biological mother or presumed parent of the child may withdraw the action of signing and filing the Denial with HFS by signing and filing a Rescission of Voluntary Acknowledgment of Paternity or Rescission of Denial of Parentage (hereafter called Rescission). The Rescission must be signed, witnessed and filed with the Department within 60 days from the effective date of the Denial or the date of a proceeding relating to the child, whichever occurs earlier. Upon Department verification of the Rescission, the presumed parent is legally responsible for support of the child.
6. either the biological mother or biological father of the child may withdraw the action of signing and filing the VAP with HFS by signing and filing a Rescission. The Rescission must be signed, witnessed and filed with the Department within 60 days from the effective date of the VAP or the date of a proceeding relating to the child, whichever occurs earlier. Upon Department verification of the Rescission, the presumed parent is legally responsible for support of the child.

INSTRUCTIONS – USE BLACK OR BLUE INK

1. Each person must sign and date all forms in front of a witness. A witness must be an adult age eighteen or older but cannot be a person named on the form he or she is asked to witness.
2. If you are completing the Denial and VAP at the hospital when the child is born, hospital staff will add the biological father's name to the birth certificate and send the documents to HFS for filing.
3. You may complete the Denial and VAP before your child is born, but neither is valid until the child is born and the documents are filed with HFS.
4. You may complete the Denial and VAP for a child born in another state.
5. When the Denial and VAP are not completed at the hospital, the parents must sign and date the form(s) in front of an adult witness and file the completed documents with HFS.

Mail original document to:

(copies will be rejected)

Administrative Coordination Unit (ACU)
110 West Lawrence Avenue
Springfield, Illinois 62704

The Administrative Coordination Unit (ACU) will file the Denial and send a copy of the completed Denial and VAP to either the:

1. Illinois Department of Public Health, Division of Vital Records (for Illinois births), or
2. Vital Records Office in affected state (for out of state births)

For more information about the VAP, ask hospital staff for the HFS 3416A, "Two Parents...Give Your Child Hope" flyer. You may also obtain a copy from state and local registrars, county clerks, Department of Human Services offices, Child Support Services offices or by going to the [Forms and Brochures](#) section of the Child Support Services website.

This form is available in English and Spanish upon request and on the HFS website (www.childsupport.illinois.gov). The Spanish version may be used for translation purposes only. The **Spanish version is not acceptable as a legal document.** Only the English version of this document may be signed, witnessed and filed with HFS.

SI LAS PIDE, TENEMOS VERSIONES EN ESPAÑOL DISPONIBLES Y EN EL SITIO DEL DEPARTAMENTO EN EL INTERNET EN (WWW.CHILDSUPPORT.ILLINOIS.GOV), PERO SÓLO SE PUEDEN USAR PARA PROPÓSITOS DE TRADUCCIÓN. **LAS VERSIONES EN ESPAÑOL NO SON DOCUMENTOS LEGALES ACEPTABLES.** SÓLO LA VERSIÓN EN INGLÉS DEL DOCUMENTO SE PUEDE FIRMAR Y ATESTIGUAR.

If you have any questions relating to the child's birth certificate, contact the Department of Public Health's Division of Vital Records at www.idph.state.il.us/vitalrecords or 217-782-6554.

Get oral explanation and answers to questions relating to the completion of this form by calling the Child Support Customer Service Call Center at 1-800-447-4278.
HFS 3416D (R-4-17)