State of Illinois Department of Children and Family Services

AFFIDAVIT OF IDENTIFICATION

I,	, the mother of
a 🗌 m	ale Ifemale child (please check one), state that:
1)	My child,at
	Hospital in County in the State of
2.	That I reside at, in the City or Village of, State of
3.	That I am years of age.
4.	That I acknowledge that I have been asked to identify the father of my child.
5.	CHECK ONE:
	I know and am identifying the biological father (see 6A)
	I do not know the identity of the biological father (see 6B)
	I am unwilling to identify the biological father (see 6C)
6A.	The name of the biological father is
	His last known home address is
	His last known work address is (Include name of employer, if known)
	He is years of age, or he is deceased, having died on the day of,, at, in the State of
6B.	I do not know who the biological father is. The following is an explanation of why I am unable to identify him:
6C.	I do not wish to name the biological father of the child for the following reason/s:
7.	The physical description of the biological father is:
	Race Mustache/Beard Hair Complexion
	Height Weight Glasses Other
	Tattoos/scars(Including type & location on body)

- 8. I reaffirm that the information contained in points 5, 6 and 7 is true and correct.
- 9. I have been informed and understand that if I am unwilling, refuse to identify, or misidentify the biological father of this child, absent fraud or duress, that I am permanently barred from attacking the proceedings for the adoption of the child at any time after I sign a final and irrevocable consent to adoption by a specified person or persons, or surrender for purposes of adoption.
- 10. I have read this Affidavit and have had the opportunity to review and question it. It was explained to me by ______, and I am signing it as my free and voluntary act and understand the contents and the results of signing it.

Date: / /20

Signature of Mother

Under penalties as provided by law under Section 1-109 of the Code of Civil Procedure which states that if I knowingly make a false statement, I may be subjected to prosecution for a class 3 felony which is punishable by imprisonment for two to five years, the undersigned certifies that the statements set forth in this Affidavit are true and correct.

Signature of Mother