

State of Illinois
Department of Children and Family Services

AFFIDAVIT OF IDENTIFICATION

I, _____, the mother of _____

a male female child (please check one), state that:

1) My child _____ was born on _____, _____ 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