

AFFIDAVIT OF IDENTIFICATION

I,, the mother of a male female(select one) child, state under oath or affirm as follows:

(1) That the child was born, or is expected to be born, on (insert date), at, in the State of

(2) That I reside at, in the City or Village of, State of

(3) That I am of the age of years.

(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. (Answer Questions at 6A)
- I do not know the identity of the biological father. (Answer Questions at 6B)
- I am unwilling to identify the biological father. (Answer Questions at 6C)

(6A) If I know and am identifying the father:

The name of the biological father is

His last known home address is

His last known work address is

He is years of age;

I (select one)

- am married to the biological father
- am not and have not been married to the biological father within 300 days of the child's birth;
- No order has been entered by any court finding the person I have identified as the biological

father to be the father of my child, except in case number

In the Circuit Court located in..... in the State of.....:

-OR-

I have no knowledge of any court or other proceedings brought by the person I have identified as the biological father of my child, except as follows (give details about the case). Is this person listed on the child's birth certificate? Yes No
Has this person registered with the Putative Father Registry? Yes No

Has this person made any payments toward the expenses relating to the birth of the child?
 Yes No

Has this person made payments toward the support of the child? Yes No

Has this person lived with the child? Yes No

Has this person lived with you since the birth of the child? Yes No

Has this person visited the child? Yes No

Has this person communicated with you, the child or the agency having custody of the child since the child was born? Yes No

If your answer to any of the questions was yes please explain, use additional sheet if necessary)

.....
.....
.....

-OR-

He is deceased, having died on (insert date) at
....., in the State of

(6B) If I do not know the identity of the biological father: I do not know who the biological father is and the following is an explanation of why I am unable to identify him:

.....
.....
.....

(6C) If I am unwilling to identify the biological father: I do not wish to name the biological father of the child for the following reasons:.....

.....
.....
.....

(7) The physical description of the biological father is:.....

.....

.....

(8) I reaffirm that the information contained in paragraphs 5, 6, and 7, inclusive, 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 the child, absent fraud or duress, 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 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.

Dated..... (insert date).

Signature

Under penalties as provided by law under Section 1-109 of the Code of Civil Procedure (735 ILCS 5/1-109), I hereby certify that the statements set forth in this instrument are true and correct.

Signature