

**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