



Illinois Department of Public Health
Division of Vital Records

SURROGATE PARENTAGE CERTIFICATION
GESTATIONAL SURROGATE'S HUSBAND

Gestational Surrogate's Name (First, Middle, Maiden, Last)

Gestational Surrogate's Husband Check None or enter Name (First, Middle, Last)

Intended Mother's Name (First, Middle, Maiden, Last)

Intended Father's Name (First, Middle, Last)

This statement is being completed and filed prior to the birth of a child being carried by the gestational surrogate to establish a parent-child relationship in accordance with Section 12 of the Vital Records Act (410 ILCS 535/12), Section 6 of the Illinois Parentage Act of 1984 (750 ILCS 45/6), and the Gestational Surrogacy Act (750 ILCS 47). The names of the intended mother and intended father shall be entered on the child's birth certificate. The names of the gestational surrogate and the gestational surrogate's husband (if any), shall not be on the birth certificate. I certify that I am the husband of the gestational surrogate. I certify that I am not the biological father of the child being carried by my wife. I also certify that my wife is carrying the child for the intended parents.

Dated (Enter month, day and year) Signature of gestational surrogate's husband

Home Address (Street, City, State, ZIP Code)

Two witnesses must attest to the signature of the gestational surrogate's husband completing this surrogate parentage statement and make the following certification: I am a competent adult and not the gestational surrogate, gestational surrogate's husband (if any), intended mother or intended father. Witness Signature, Typed or printed name, Dated (Enter month, day and year)

Prior to the birth of the child, this certification shall be placed in the medical records of the gestational surrogate and copies shall be filed with the Illinois Department of Public Health at 925 East Ridgely Ave., Springfield, IL 62702-2737.

There is NO CHARGE to file surrogate parentage statements.