

**CONSENT FOR NAME OF FATHER  
TO BE ENTERED ON  
CERTIFICATE OF BIRTH**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

**Place Patient Label**

1. We, the undersigned father and mother of \_\_\_\_\_  
(Name of Child)

understand that Illinois law provides that if the mother is not married to the father of the child at the time of either conception or birth, the name of the father may not be entered on the Certificate of Birth without the written consent of the mother and the person to be named as the father.

2. We authorize and hereby consent to the entry of the name of the father of the child,

\_\_\_\_\_, on the Certificate of Birth by Rush University Medical Center.  
(Name of Father)

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Signature of Mother*

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_ A.M. / P.M.

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Signature of Father*

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_ A.M. / P.M.

**INSTRUCTIONS:** This consent form is required by Illinois law (S.H.A. Chapter 111-1/2, Section 73-12) for the name of the father to be entered on the Certificate of Birth of a child if the mother was not married to the father at the time of either conception or birth. This form must be signed by both the mother and the person to be named as the father on the Certificate of Birth.