



Birth Affidavit

I, _____ (name of person signing affidavit) certify that the following statements are true as to the birth of

_____ (child's full name at birth)

1. Birth Date: (month, day, year) _____

2. Birthplace: (city, county, state) _____

3. Parents

Father: (full name) _____

Mother: (full MAIDEN name) _____

4. Age of person signing this affidavit _____ Years

5. Relationship to applicant _____

6. Reason for knowledge of this birth. (A simple statement such as being present in the home at the time of this birth is acceptable. If using as proof of pregnancy, must also state knowledge of pregnancy.)

I further swear that I represent the individual as: Self Parent Other (Specify) _____

Signed: _____

Address: _____

Phone Number: _____

Verification of Signer's ID Is Mandatory

This record was signed and sworn to, or affirmed, before me on _____ (Date) by _____ (Signer's Name).

Notary's Signature: _____

State of _____

County of _____

My Commission Expires: _____

(Official Stamp)