

Birth Affidavit Form Application

Applicant's Full Name: _____

Affiant's Name: _____

Affiant's Contact Information (Phone/Email): _____

Date of Affidavit Submission: _____

1. Purpose of Birth Affidavit

"I, [Affiant's Name], certify the birth of [Applicant's Full Name] as follows, due to lack of birth registration documentation."

2. Details of Birth

- Date of Birth: _____
- Place of Birth (City, State, Country): _____
- Parent's Names (if known):
 - Mother's Full Name: _____
 - Father's Full Name: _____

3. Additional Information or Special Circumstances

4. Supporting Documents Attached

Document Title	Date Issued	Issuing Authority

5. Certification by Notary (if required)

Affiant's Signature: _____ **Date:** _____

Notary Public Signature and Seal: _____