

Birth Affidavit Form DS 10

Name of Affiant: _____

Affiant's Address: _____

Relationship to Applicant: _____

1. Information on the Birth of Applicant

- Applicant's Full Name: _____
- Date of Birth: _____
- Place of Birth (City, State, Country): _____

2. Declaration of Birth Information

"I, [Affiant's Name], being the [relationship to applicant] of [Applicant's Name], confirm the following birth details in support of DS-10 requirements."

3. Reason for Birth Affidavit (DS-10)

- Absence of Birth Certificate:

- Additional Documents Attached (List if any):

4. Certification and Contact

- Phone Number: _____
- Email: _____

Affiant's Signature: _____ Date: _____

Notary Signature and Seal: _____