

Affidavit of Birth

State of

County of

I,

, being duly sworn, do hereby declare as follows:

1. I am the

of

.

2. Date of Birth:

3. Place of Birth (City, State, Country):

4. Additional relevant information:

I certify that the foregoing is true and correct to the best of my knowledge and belief.

Signature

Date

Subscribed and sworn before me this

_____ day of _____, _____

Notary Public

My commission expires