

DATE OF BIRTH AFFIDAVIT

State of Georgia

County of _____

Being duly sworn, deposes and on oath states the following:

1. That I, _____, was born on _____ in _____, _____.
(Name of Affiant) (Date) (City) (State)

2. That my full and complete address is _____, _____,
(Street Address) (City)
_____, _____.
(State) (Zip Code)

3. That I further deposes and state that I have personally known and been acquainted with
_____ for _____ years. I am his/her
(Name of Participant)
_____.
(State Relationship to the Participant)

4. That I know of my own personal knowledge that _____ was born on
(Name of Participant)
_____, _____, _____.
(Date) (City) (State)
to _____ and _____.
(Participant's Mother Full Name) (Participant's Father Full Name)

5. This Affidavit is being submitted because [choose ONE] there is no official birth record OR
the official record of birth is incomplete concerning _____.
(Name of Participant)

Signed this ____ day of _____, 20__.

Signature of Affiant

Subscribed and sworn to before me, this _____ day of _____, 20__.

Signature of Notary

My Commission Expires: _____, 20___. (SEAL)