

**Delayed Birth Registration
AFFIDAVIT**

State of _____ ss

County of _____

I, _____, residing at _____
_____, make a solemn declaration, say that I have personal
knowledge that _____ gave birth to a _____
child on _____. Said birth occurred at: _____
_____.

Signature: _____ Date _____

Before me appeared the above-named person and signed this statement by affirmation, on
this _____ day of _____ in the year _____.

Signature of Notary: _____

Seal

My Commission Expires: _____