



DATE OF BIRTH AFFIDAVIT

For security reasons, do not submit application by email.

Important – Use this form to provide proof of birth or request a change or correction to a record. This will be considered a signed statement from a person who knows the member’s date of birth. Part C should not be completed by the member.

Part A — Member Information

Social Security Number: _____ Name (First, MI, Last): _____
Mailing Address: _____ Telephone Number: _____
City, State, Zip: _____

Part B — Affiant Information

Social Security Number: _____ Name (First, MI, Last): _____
Telephone Number: _____

Part C — Affiant Statement – This section should not be completed by the member.

I, _____ (affiant’s name), upon being duly sworn deposes and states under the pain and penalties of perjury:

1. That affiant is a resident of the State of _____ .
2. That affiant further deposes and states that they have personally known and been acquainted with _____ (member’s name), for _____ years and their relationship to the above-named member is _____.
3. The member was born on _____ (date) at home/hospital (circle one) in _____ (city and state).
4. The affidavit of birth is offered in lieu of a birth certificate because _____
_____.

Further affiant saith not.

Signature of Affiant: _____ Month/Day/Year: ____/____/____

Notary Public: State of _____ County of _____

Signed or attested before me on (date) _____ by (name of person) _____

Notary Public Signature: _____ My appointment expires (month/day/year) ____/____/____.

(SEAL)