

**In the Matter of the Registration of Birth of:** \_\_\_\_\_

State of Ohio, County of \_\_\_\_\_

### **Affidavit of Birth Location**

The undersigned, being first duly sworn, verify that \_\_\_\_\_

(Mother's Name)

gave birth to a  Male  Female child, \_\_\_\_\_, on

(Child's Name)

\_\_\_\_\_, at \_\_\_\_\_

(Date of Birth of Child)

(Physical address where birth occurred)

Affiant states that the facts stated herein are true as he/she verily believes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

Sworn to before me and signed in my presence by \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_