

In the Matter of the Registration of Birth of: _____

State of Ohio, County of _____

Affidavit of Live Birth

The undersigned, being first duly sworn, deposes and states that _____

(Child's Name)

was seen in the offices of this health care provider on _____

(Date of Visit)

and this health care provider does verify that the child was born alive on _____

(Date of Birth)

to _____.

(Mother's Name)

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 _____