

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

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

### **Affidavit of Pregnancy**

The undersigned, being first duly sworn, deposes and states that \_\_\_\_\_, \_\_\_\_\_  
(Mother's Name) (Date of Birth)

was seen in the offices of this health care provider on \_\_\_\_\_  
(Date of Visit)

and this health care provider does verify that she was pregnant with a child at the time of that visit.

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 \_\_\_\_\_