

The State of _____, County of _____:

Affidavit of Physician

I, _____, do hereby certify that I was the physician in attendance at the birth of
(Typed or Printed Name)

_____, the applicant herein, and that the facts in the application are true, as I verily believe.

Signature of Attending Physician

Address

Sworn to before me and signed in my presence this _____ day of _____, 20_____.

(SEAL)

Notary Public

NOTE: If the affidavit of the attending physician cannot be secured, the application must be supported by the following affidavits of two persons, relative or non-relative, having personal knowledge of the facts or by clear and convincing documentary evidence or such other evidence as the Court deems sufficient.

The State of _____, County of _____:

Affidavit of _____

I, _____ (Age _____ Years), do hereby certify that I have personal knowledge of the facts stated
(Typed or Printed Name)

in the within application by virtue of _____ and that the facts stated herein are true, as I verily believe.

Signature of Affiant

Address

Sworn to before me and signed in my presence this _____ day of _____, 20_____.

(SEAL)

Notary Public

The State of _____, County of _____:

Affidavit of _____

I, _____ (Age _____ Years), do hereby certify that I have personal knowledge of the facts stated
(Typed or Printed Name)

in the within application by virtue of _____ and that the facts stated herein are true, as I verily believe.

Signature of Affiant

Address

Sworn to before me and signed in my presence this _____ day of _____, 20_____.

(SEAL)

Notary Public