STATE OF VI			PROBATE COURT		
DISTRICT OF		AFFIDA	ΊΤ		
TO THE HON	ORABI	LE PROBATE COURT, DISTRIC	T OF		
I,		, the und	, the undersigned, upon my oath depose and say:		
1.	My name is as above stated and my address is			and I am/am	
	not (cross out incorrect information) related to the applicant as hereafter explained and I have known the applicant foryea				
2.	Since I have known the applicant his or her name has been				
3.	the To	e best of my memory and know day of own of of Vermont so I state.			
4.	I fully understand that this affidavit will be used along with other documents by the Probate Court for its consideration in the correction or establishment of a birth record for the applicant.				
REMA	ARKS:	I am making the following ad arriving at its decision (includy your relationship with the app	le here any pertinent inform		
		this AKING OATH MUST SIGN			
FERS	UN W	ARING UATH MUST SIGN	DEFORE A NOTART FU	DLIC	
			Signature		
STATE OF V COUNTY OF		DNT			
At personally ap above stateme		in said County on the the above named	day of and made oath to	, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20 _	

Before me ______ Notary Public My Commission Expires _____