

AFFIDAVIT OF ...

Comes now, _____, having been first duly sworn and placed under oath to speak the truth, does hereby state that ...

I further state that I make the forgoing under penalty of perjury and may suffer the legal punishment for the same.

SIGNATURE OF SOCIALWORKER

SIGNATURE OF AFFIANT/
BIRTH MOTHER

I, _____, sign my name to this instrument this ____ day of _____, 20____, and being first duly sworn do hereby declare to the undersigned authority that I execute it as my free and voluntary act for the purposes therein expressed, and that I am 19 years or older, of age, of sound mind, and under no constraint or undue influence.

SIGNATURE OF AFFIANT/
BIRTH MOTHER

STATE OF ALABAMA)
COUNTY OF)

Subscribed, sworn to and acknowledged before me by _____,
this ____ day of _____, 20____.

The execution of this document is taken before a person duly appointed to witness and receive this document in accordance with the authority implied by Section 26-10A-12, Code of Alabama.

LICENCED SOCIAL WORKER/COUNSELOR NAME

(Agency Name) _____ REPRESENTATIVE SINCE: _____