BIRTH CERTIFICATION RELEASE AFFIDAVIT

(By law, birth certifications can be issued only to the child named on the record, if of legal age (18) or emancipated; the parent, guardian, or a legal representative of one of these persons, or by court order.)

State of:_____ County of:_____

My Name is: (*print name)*_____ .

I Am the: (*check one*)

__ Child named on the birth certificate.

__ Parent listed on the child's birth certificate.

__ Legal Guardian of the child named on the birth certificate.

__ Legal Representative of the child or parent named on the birth certificate.

I authorize the Department of Health, Office of Vital Statistics to issue the birth certificate of:

_____ to _____.
(print name on birth certificate) (print name of person to receive birth certificate)

Note: The person completing this affidavit must provide a photocopy of their valid photo ID with this affidavit. The person authorized to receive the birth certification must provide valid identification when picking up the birth certification.

***(Required) I have attached a photocopy of my valid photo ID to the back of this form:**

_____ .
(type of Identification attached)

FURTHER AFFIANT SAYETH NAUGHT

I hereby swear or affirm the above statements are true and correct.

_____
(Signature of person completing affidavit)

Subscribed and sworn before me this _____ day of _____, 20____ by _____, who is: __ personally known to me, or, __ who has (*print name of person completing affidavit)*

produced _____ as Identification. My Commission Expires: _____.
(*type of Identification produced)*

_____
(*signature of notary*) (*print, type or stamp name of notary*) (SEAL)