



BIRTH CERIFICATION RELEASE AFFIDAVIT

(By law, birth certifications can be issued only to: the child named on the record, if of legal age (18) or if 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 of affirm the above statements are true and correct.

(Signature of person completing affidavit)

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

_____, who is: [] personally known to me, or [] who has produced
(print name of person completing affidavit)

_____ as identification. My Commission expires: _____.
(type of identification produced)

(Signature of Notary)

(Print, type or stamp name of Notary)

(SEAL)

This form is not to be completed by someone without valid photo identification.