

## Affidavit of Birth Information for Homebirths (Certifier's Statement)

I swear or affirm that the information stated is true and correct to the best of my knowledge and belief. I certify that the child named herein was born alive to the stated mother at the place, date, and time shown on this worksheet.

This worksheet was completed with the understanding that the facts so stated herein afford a full, complete, and truthful representation of facts and what my testimony shall be should I be asked or directed to testify to the facts herein in a court of law. I realize that any false statement of facts or information made herein could subject me to the risk of criminal liability, including, but not limited to, persecution for perjury.

<b>Child's Information</b>	First Name	Middle	Last
	Sex	Date of Birth	Time of Birth
<b>Parent Verification</b>	Printed Name		Written Signature ➤
	Relationship to Child <input type="checkbox"/> Mother/Parent <input type="checkbox"/> Father/Parent	Date Signed	Phone Number
<b>Witness (certifier) Verification</b>  <u>Signature must be notarized</u>  (Not required if a midwife was involved in the delivery)	Printed Name		Written Signature ➤
	<input type="checkbox"/> Saw the Mother Pregnant <input type="checkbox"/> Saw the Mother Deliver <input type="checkbox"/> Saw the Newborn baby	How long have you known the Mother?  Years      Months	How do you know the Mother?
	Address – Street Name and Number		County
	City	State	Zip
	Relationship to Child	Date Signed	Phone Number
<b>Attendant Verification</b>  (Physician, Certified Nurse Midwife, or Licensed Midwife)	Printed Name		Written Signature ➤
	Address – Street Name and Number		County
	City	State	Zip
	State License Number	NPI	Date Signed
<b>FOR VITAL RECORDS USE ONLY</b>	Registrar's Printed Name		Registrar's Written Signature ➤
	Date Signed	<input type="checkbox"/> Denied <input type="checkbox"/> Registered	District and Local Number _____

### NOTARY ACKNOWLEDGEMENT

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
Day
Month
Witness

(official Seal)

\_\_\_\_\_  
Official Signature of Notary

\_\_\_\_\_, Notary Public  
Notary's printed or typed name

My Commission expires on: \_\_\_\_\_