## AFFIDAVIT OF PREGNANCY (Only needed if there is no Medical Proof of Pregnancy)

(To Establish Birth Registration for a Homebirth)

## **FORM MUST BE NOTARIZED**

Mother of the child	First Name		Middle			Last				
Name of Witness	First Name		Middle			Last				
Witness Address	Address				City					
	State	Zip Code	Zip Code			Phone Number				
	Witness to:  Saw the Mother Pregnant		date did yo egnancy/de		How do	o you know the Mother?				
	Saw the Mother	From da	ate: /	/	How lo	How long have y		the Mother?		
	Saw the newborn	To date	: /	/		Years	N	Months		
knowledge. The upenalties for sub	perjury, I certify that undersigned further u mitting a record unde y of a Class 2 misdem	nderstand r false pre	s that provi tense includ	iding false ı de a maxim	represent	ation here	ein constit	utes fraud. The		
Signature of Witn					Date:					
Printed Name of	Witness:									
		NOT	ARY ACKNO	WLEDGEM	<u>ENT</u>					
State of										
County of										
Signed and sworn to	o (or affirmed)before me or	n this Day	_ day of M	, 20 onth	, by		Witness			
(official Seal)								,Notary Public		
	Official	Official Signature of Notary				Notary's printed or typed name				
					My Commis	ssion expires	on:			