

APPLICATION TO USE BIRTH AFFIDAVIT

APPLICANT NAME:

APPLICANT DATE OF BIRTH:

APPLICANT ADDRESS:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

REASON FOR SUBMITTING A BIRTH AFFIDAVIT:

OTHER INFORMATION IN SUPPORT OF APPLICATION TO USE A BIRTH AFFIDAVIT

Please note that not being in possession of a birth certificate is not acceptable grounds for use of this affidavit. You will be required to provide evidence that you were unable to obtain a copy of your birth certificate/registration.

BIRTH AFFIDAVIT

I _____ of _____,
(Full name of applicant incl. middle names) (Current address in full)

was born on the ____ day of _____ 19__ at _____
(Name of town/district)

In the country of _____
(Country of Birth)

I further say that my Father is _____
(Full name of Father)

Born on the ____ day of _____ 19__ at _____
(Name of town/district)

In the country of _____
(Country of Birth)

And that my Mother is _____
(Mother's full maiden name)

Born on the ____ day of _____ 19__ at _____
(Name of town/district)

In the country of _____
(Country of Birth)

I HEREBY AFFIRM, DECLARE AND SWEAR THAT I BELIEVE THE ABOVE DETAILS TO BE TRUE

Signature of applicant: _____

Signature of Witness*: _____

* Commissioner for Oaths/Notary Public/Peace commissioner/Solicitor

Date: _____