



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)

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