

# AFFIDAVIT

**COMPLETE ONLY IF DOING SECTION 4 - Evidence that the birth occurred outside of the mother's residence and proof of residence**

## **BIRTH LOCATION Verification for Out-of-Institution Births**

I, \_\_\_\_\_, verify that \_\_\_\_\_  
(PRINT: Property Owner's Name) (PRINT: Mother's Name)

Gave birth on \_\_\_\_\_ at \_\_\_\_\_,  
(Infant's Date of Birth) (Print: Street Address)

\_\_\_\_\_  
(Print: City, State, ZIP Code)

Property Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Property Owner's Phone Number: \_\_\_\_\_

Before me appeared, the above-named person and signed this statement by affirmation, on this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

Signature of Notary: \_\_\_\_\_ Seal:

My Commission Expires: \_\_\_\_\_