

Affidavit of Identity to Obtain Certified Birth or Death Certificate

(In order to use this form the identifier must have known applicant for at least 2 years)

Identifier Information

First Name		
Middle Name		
Last Name		
Address		
City/State/Zip		
Phone Number		
Date of Birth		
Relationship		

I have known the applicant, _____ for _____ years and solemnly swear or affirm that he / she is the person presenting this application for a certified birth / death certificate.

(Sign in the presence of the registrar and present an acceptable document of identity)

Signature:	Date:
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If the identifier cannot accompany the applicant to the registrar's office, the identifier's signature must be notarized.

Subscribed and sworn to before me this _____ day
of _____, 20_____

(Seal)

My Commission Expires _____