



AFFIDAVIT

For the purposes of birth date certification as stated in Michigan Public Act 84 of 1987.

I, _____, do swear or affirm that
(Parent/Guardian)

_____ was born on _____,
(Student's Name) (Month/Date/Year)

and that I am unable to furnish a certified copy of the student's birth certificate for the following reason(s):

Signature

Date

Subscribed and sworn to before me on
This ____ day of _____, 20____.

Notary Public in and for the County of _____, State of Michigan.
My commission expires: _____.

Must attach another allowable verification of birth such as: baptismal certificate indicating date and place of birth; court records; county, military, or immigration records; doctor or hospital records with sworn statements; certain family records; life insurance policy.