AFFIDAVIT OF [INSERT NAME OF FATHER]

I, [INSERT NAME OF FATHER], being duly sworn, swear, and attest as follows:

1. I am a citizen of [INSERT COUNTRY]. I currently live at [INSERT ADDRESS]. I was born on [INSERT DATE] in [INSERT CITY AND COUNTRY].
2. My wife, [INSERT NAME OF MOTHER] (formerly [INSERT MAIDEN NAME]), gave birth to [INSERT YOUR NAME] on [INSERT DATE] at [INSERT NAME OF MEDICAL FACILITY] located in [INSERT CITY AND COUNTRY].
3. I was present at the time [INSERT YOUR NAME] was born.
4. [INSERT YOUR NAME] is my biological [INSERT THE WORD son OR daughter].

Further affiant sayeth not.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[INSERT NAME OF FATHER]

[INSERT TELEPHONE NUMBER]

Subscribed and sworn to before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2015.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public, \_\_\_\_\_\_\_\_\_ County, [INSERT STATE]

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFFIDAVIT OF [INSERT NAME OF MOTHER]

I, [INSERT NAME OF MOTHER] (formerly [INSERT MAIDEN NAME]) , being duly sworn, swear, and attest as follows:

1. I am a citizen of [INSERT COUNTRY]. I currently live at [INSERT ADDRESS]. I was born on [INSERT DATE] in [INSERT CITY AND COUNTRY].
2. I gave birth to [INSERT YOUR NAME] on [INSERT DATE] at [INSERT NAME OF MEDICAL FACILITY] located in [INSERT CITY AND COUNTRY].
3. I was present at the time [INSERT YOUR NAME] was born.
4. [INSERT YOUR NAME] is my biological [INSERT THE WORD son OR daughter].

Further affiant sayeth not.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[INSERT NAME OF MOTHER]

[INSERT TELEPHONE NUMBER]

Subscribed and sworn to before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2014.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public, \_\_\_\_\_\_\_\_\_ County, [INSERT STATE]

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFFIDAVIT OF [INSERT NAME OF RELATIVE]

I, [INSERT NAME OF RELATIVE], being duly sworn, swear, and attest as follows:

1. I am a citizen of [INSERT COUNTRY]. I currently live at [INSERT ADDRESS]. I was born on [INSERT DATE] in [INSERT CITY AND COUNTRY].
2. I am [INSERT YOUR NAME]’s [INSERT AUNT, UNCLE, OR WHATEVER THE RELATIONSHIP IS].
3. [INSERT YOUR NAME] is the child of [INSERT YOUR MOTHER AND FATHER’S NAMES].
4. [INSERT NAME OF MOTHER] (formerly [INSERT MAIDEN NAME]), gave birth to [INSERT YOUR NAME] on [INSERT DATE] at [INSERT NAME OF MEDICAL FACILITY] located in [INSERT CITY AND COUNTRY].
5. I know about this event because I was alive and present at the time [INSERT YOUR NAME] was born.

Further affiant sayeth not.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[INSERT NAME OF RELATIVE]

[INSERT TELEPHONE NUMBER]

Subscribed and sworn to before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2014.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public, \_\_\_\_\_\_\_\_\_ County, [INSERT STATE]

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_