

Supporting Affidavits

IN THE MATTER OF THE REGISTRATION OF BIRTH- AFFIDAVIT OF PHYSICIAN

STATE OF OHIO, _____

The undersigned, being first duly sworn, deposes and says that he/she was the physician in attendance at the birth of _____, the applicant. He/she has read the application and believes the facts stated herein are true.

(Name of applicant at birth)

Attending physician

Address

Sworn to before me and signed in my presence by the said _____ this _____ day of _____, 20____.

Official Title

NOTE: If the affidavit of the attending physician cannot be secured, the application must be supported by the following affidavits of two persons having personal knowledge of the facts.

STATE OF OHIO, _____ **Affidavit**

The undersigned, being first duly sworn, deposes and says that ___he is _____ years of age, that ___he has read the application and that ___he has personal knowledge of the facts stated therein by reason of being _____

(State relationship, if any, or state facts showing personal knowledge)

and that the statements made in the application are believed to be true.

Signature of Affiant

Address

Sworn to before me and signed in my presence by the said _____ this _____ day of _____, 20____.

Official Title

STATE OF OHIO, _____ **Affidavit**

The undersigned, being first duly sworn, deposes and says that ___he is _____ years of age, that ___he has read the application and that ___he has personal knowledge of the facts stated therein by reason of being _____

(State relationship, if any, or state facts showing personal knowledge)

and that the statements made in the application are believed to be true.

Signature of Affiant

Address

Sworn to before me and signed in my presence by the said _____ this _____ day of _____, 20____.

Official Title