AFFIDAVIT OF PREGNANCY (Only needed if there is no Medical Proof of Pregnancy)

(To Establish Birth Registration for a Homebirth)

FORM MUST BE NOTARIZED

Mother of the child	First Name		Middle			Last			
Name of Witness	First Name		Middle			Last			
Witness Address	Address				City				
	State	Zip Code		County		Phone Number			
	Witness to: Saw the Mother Pregnant		What date did you witness this pregnancy/delivery?			How do you know the Mother?			
	Saw the Mother	From da	ate: /	/	How lo	How long have you known the Mother?			
	Saw the newborn baby	To date	: /	/		Years	N	Months	
knowledge. The upenalties for sub-	perjury, I certify that undersigned further u mitting a record unde y of a Class 2 misdem	nderstand r false pre	s that provi tense inclu	iding false ı de a maxim	represent	ation here	in constit	utes fraud. The	
Signature of Witn					Date:				
Printed Name of	Witness:								
		NOT	ARY ACKNO	WLEDGEM	<u>ENT</u>				
State of									
County of									
Signed and sworn to	o (or affirmed)before me oi	n this Day	_ day of M	, 20 onth	by		Witness		
(official Seal)								,Notary Public	
	Official	Official Signature of Notary			Notary's printed or typed name				
					My Commis	ssion expires	on:		