APPLICATION TO USE BIRTH AFFIDAVIT

APPLICANT NAME:					
APPLICANT DATE OF BIRTH:					
A DDL AGA ANTE A DD DEGG					
APPLICANT ADDRESS:					
REASON FOR SUBMITTING A BIRTH AFFIDAVIT:					
OTHER INFORMATION IN SUPPORT OF APPLICATION TO USE A BIRTH AFFIDAVIT					

Please note that not being in possession of a birth certificate is not acceptable grounds for use of this affidavit. You will be required to provide evidence that you were unable to obtain a copy of your birth certificate/registration.

BIRTH AFFIDAVIT

1		O.	l		•
(Full name of a	pplicant incl. middle r	names)		(Current address in full)	
was born on the _	day of	19	_ at _	(Name of town/district)	
In the country of	(Country of Birth)				
I further say that	my Father is			of Father)	
Born on the	day of	19	a	t (Name of town/district)	
In the country of	(Country of Birth)				
And that my Mot	her is	(Moth	ner's f	full maiden name)	
Born on the	day of	19	a	t(Name of town/district)	
In the country of	(Country of Birth)				
<u>I HEREBY AFFI</u>	RM, DECLARE AND	SWEAR	<u>R TH</u> ∕	AT I BELIEVE THE ABOVE DE	TAILS TO BE TRU
Signature of appl	icant:				
Signature of Witn	ness*:				
* Commissioner	for Oaths/Notary Publ	ic/Peace	e Con	nmissioner/Solicitor	
Date:					