

**AFFIRMED AFFIDAVIT STATEMENT FOR DATE OF BIRTH AND/OR RESIDENCY**

**This form must be notarized**

Parents/guardians unable to provide the required documentation to prove the age and/or residency of their child must complete this Affirmed Affidavit Statement.

I, \_\_\_\_\_, (name of parent/guardian) **hereby affirm that the information checked below is true and accurate. I understand that knowingly attesting to false information is considered fraud and may be punishable by law.**

Please select all that apply:

**Residency Affidavit**

**I affirm my child is a resident of Florida. Attached is documentation verifying the child's address;**

**\*Note: This form is to be completed by the person with whom the applicant resides with or by the person that holds the lease or rental agreement. The person completing this form must also provide one of the following:**

- Letter from property owner or landlord stating the child's address
- Letter from a shelter stating the child's address
- Utility Bill (gas, electric, water)
- Mortgage statement
- Lease or rental agreement

Relationship to Applicant: \_\_\_\_\_

Printed Name of Leaseholder: \_\_\_\_\_

Telephone number of Leaseholder: \_\_\_\_\_

**Date of Birth Affidavit**

**I affirm my child's date of birth is \_\_\_\_\_, 20\_\_\_\_\_.**

**Attached is documentation showing the child's date of birth?**

- Certificate of baptism **or** other religious record
- Physicians **or** public health officer affidavit attesting that the child's age shown is true and correct

Name of Child (please print)	Date of Birth		
Signature of Parent/Guardian	Phone Number		
Address	City	State	Zip

**(Section below to be completed by Notary)**

Subscribed and sworn to, before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

County of: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_