

Supporting Affidavits

In the Matter of the Registration of Birth of _____

The State of Ohio, _____ County: **AFFIDAVIT OF PHYSICIAN**

I, _____ do hereby certify that I was the physician in attendance
Name of Physician
at the birth of the applicant herein, and that the facts in the application are true, as I verily believe.

Signature of Physician

Mailing Address of Physician

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

Signature of Official

Official Title

The State of Ohio, _____ County: **AFFIDAVIT**

I, _____, age _____ years, do hereby certify that I have personal
Name of Witness
knowledge of the facts stated in this application, and that the facts stated herein are true, as I verily believe.

Signature of Affiant

Mailing Address of Affiant

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

Signature of Official

Official Title

The State of Ohio, _____ County: **AFFIDAVIT**

I, _____, age _____ years, do hereby certify that I have personal
Name of Witness
knowledge of the facts stated in this application, and that the facts stated herein are true, as I verily believe.

Signature of Affiant

Mailing Address of Affiant

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

Signature of Official

Official Title