

(Your district's letterhead)

**AFFIDAVIT**

For the purposes of birth date certification as stated in Michigan Public Act 84 of 1987.

I, \_\_\_\_\_, do swear or affirm that  
(Parent/Guardian)

\_\_\_\_\_ was born on \_\_\_\_\_.  
(Student's Name) (Month/date/Year)

And that I am unable to furnish a certified copy of the student's birth certificate for the following reasons(s):

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me on  
This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the County of \_\_\_\_\_,  
State of Michigan. My Commission expires: \_\_\_\_\_.

(Must attach another allowable verification of birth as described on following page.)