



AFFIDAVIT OF PERSONAL KNOWLEDGE OF A BIRTH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

VITAL RECORDS UNIT

SFN 8191 (02-2023)

An Affidavit of Personal Knowledge of a Birth must be made by a parent, if living, or by a brother or sister at least four years older, or someone else at least ten years older and who personally remembers the birth. The signature of the affiant (person making affidavit) must be notarized.

Full Name of Person Whose Birth is to be Proved
Date of Birth (Month, Day, Year)
Place of Birth (Township* , Village or City, County & State) *If birth occurred on a farm, state name of township, township & range numbers or distance & direction from nearest town.
Full Name of Father (First, Middle, Last)
Full Name of Mother (First, Middle, Maiden)

I hereby swear that the information stated above is true. My knowledge and belief concerning the date and place of the above named person are based on the following facts:

Signature	Relationship		
Printed Name	Birth Year of Person Making Affidavit		
Address	City	State	ZIP Code

CERTIFICATE OF NOTARY PUBLIC OR OFFICER TAKING OATH

SEAL	Signature of Notary Public	
	Printed Name	
	County/State of Notary Commission	
	Expiration Date of Commission/Office	Date Signed