

WEST BLOOMFIELD SCHOOL DISTRICT  
AFFIDAVIT OF BIRTH



*West Bloomfield School District must verify the identity and birth date of all pupils entering this school district as a new student.*

I do hereby affirm, as a fully true statement, that:

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 First Name Middle Name Last Name

was born on \_\_\_\_\_ in the county of \_\_\_\_\_  
Month Day Year

\_\_\_\_\_, State of \_\_\_\_\_, USA or

Country of \_\_\_\_\_.

I further affirm that I am unable to provide a certified birth certificate for the following reason(s):

\_\_\_\_\_  
 \_\_\_\_\_

However, I am able to supply other reliable proof of the student's identity and age in the form of:

\_\_\_\_\_ Governmental Records (county, military, immigration, passport)

\_\_\_\_\_ Doctor/Hospital Record of Birth with sworn statement

\_\_\_\_\_ Baptismal Record (including date and place of birth)

By signing this Affidavit, I am swearing under the penalty of perjury that the information contained herein is true to the best of my knowledge and belief. Perjury is a felony punishable by imprisonment for up to 15 years. MCL §750.423

Signature \_\_\_\_\_ Parent   
Guardian

Subscribed and sworn to before me on \_\_\_\_\_  
 Notary Public, \_\_\_\_\_ County, Michigan  
 My commission expires: \_\_\_\_\_