

AFFIDAVIT FOR BIRTH CERTIFICATE

Commonwealth of Kentucky, City of Warsaw:

I, _____, swear or affirm to the truthfulness of the information that follows based on personal knowledge. This regards the identity and age of a student requesting enrollment in Gallatin County Schools in accordance with Kentucky public school enrollment requirements.

NAME OF STUDENT	_____	_____	AGE	_____
	Last Name	First Name		
DATE OF BIRTH	___/___/___	PLACE OF BIRTH	_____	
	Month/Day/Year	City	State	Country
NAME OF FATHER	_____	_____	_____	
	Last Name	First Name	Middle Name	
NAME OF MOTHER	_____	_____	_____	
	Last Name	First Name	Middle Name	

1. Explain why you are unable to present a copy of the birth record of the student.

2. List the documents you have provided to establish the student's identity and age (i.e. certificate of immunization, SS card, passport, driver's license, etc.; Photocopies should be attached by the reviewing school official.)

I understand that false or otherwise untrue information provided for any of the items above could result in a criminal charge or perjury being brought against me.

Street Address

Parent or Guardian Signature

Date

City State Zip Code

Print parent or guardian name

Subscribe and sworn to before me this _____ day of _____ 20____.

State: _____ City: _____ My Commission expires: _____

Witness my hand in official seal.

Notary Public