



Salinas City Elementary School District

AFFIDAVIT OF BIRTH IN LIEU OF BIRTH CERTIFICATE

Education Code 48002

I, _____, do hereby declare;

- I am the natural mother/father of _____.
Students Name
- He/she was born on _____, at _____.
Date Address
- No birth certificate was obtained at the time of his/her birth because _____

- I have taken all necessary steps to receive an official birth certificate from _____
_____. I have been advised that it will take approximately _____ days
to receive an official copy.
- I will promptly submit a copy of the birth certificate as soon as it is received. I understand
the affidavit is only temporary until such time as the birth certificate is obtained.

I declare under penalty of perjury that the foregoing is true and correct based upon my own personal knowledge.

Date: _____ Signed at _____, California.

Signature

Print Name

Street Address

Mailing Address

Phone Number

FOR SCHOOL USE ONLY

SCHOOL

DATE RECEIVED

ENROLLMENT DATE

GRADE

EMPLOYEE SIGNATURE

PRINT NAME AND TITLE