



DCFS BIRTH CERTIFICATE AFFIDAVIT

Having first been placed upon his/her oath, the undersigned deposes and says:

STUDENT REPRESENTATIVE INFORMATION

First Name: _____ Last Name: _____

Name of Employer: _____ Job Title: _____

Office Phone Number: _____ Email: _____

Relationship to Student: _____

I have seen the original or certified copy of this student's birth certificate ___ Yes ___ No

STUDENT INFORMATION (as on Birth Certificate)

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: _____ - _____ - _____

Parent 1 First Name: _____ Parent 1 Last Name: _____

Parent 2 First Name: _____ Parent 2 Last Name: _____

Student Representative Signature

(Print Full Name)

(Signature)

Date

NOTARY

Subscribed and sworn to before me

by: _____

this _____ day of _____, 20_____

(Notary Public)



(Seal)