

AFFIDAVIT FOR BIRTH CERTIFICATE

Commonwealth of Virginia, Norfolk Public Schools

I, _____, swear to or affirm the truthfulness of the information that follows based on personal knowledge. This regards the identity and the age of a student requesting enrollment in Norfolk Public Schools in accordance with Section 22.1-3.1 of the Code of Virginia.

Name of Student _____ Age _____
last first middle

Date of Birth _____ Place of Birth _____
mo/day/yr city state (or province) country

Name of Father _____
last first middle

Name of Mother _____
last first middle

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

2. List the documents you have provided to establish the student's identity and age.
 (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 of perjury being brought against me.

_____ street address

_____ parent or guardian signature

_____ city state ZIP code

_____ print parent or guardian name

Subscribed and sworn before me this _____ day of _____, 20

State _____ County _____ My commission expires _____

Witness my hand in official seal.

_____ notary public