



52585 Dequindre Rd., Rochester, Michigan 48307 • Phone: 248.726.3000 • Fax: 248.726.3105

---

## **AFFIDAVIT**

For the purposes of birth date certification as stated in Michigan Public Act 84 of 1987.

I, \_\_\_\_\_, do swear or affirm that  
(Parent/Guardian)

\_\_\_\_\_ was born on \_\_\_\_\_,  
(Student's Name) (Month/Date/Year)

and that I am unable to furnish a certified copy of the student's birth certificate for the following reason(s):

---

---

---

---

---

---

Signature

Date

Subscribed and sworn to before me on  
This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the County of  
\_\_\_\_\_, State of Michigan. My  
commission expires: \_\_\_\_\_.

(Must attach another allowable verification  
of birth.)