

AFFIDAVIT OF BIRTH

I _____, aged _____ years, son/daughter/wife of _____, residing at _____
[Complete Address including village/town, post office, police station, district, and state]

_____ affirms and declares the following:

1. _____ [Relationship to Applicant: e.g., Mother, Father, Uncle, Aunt, Grandparent] of _____ [Full Name of Applicant] (hereinafter "the Applicant").
2. The Applicant was born on _____ [Date of Birth (DD/MM/YYYY)] at _____
[Place of Birth, including name of hospital, home address, city, and country] to _____ [Mother's Full Name] and [Father's Full Name].
3. Direct personal knowledge of the event and circumstances concerning the birth of the Applicant because
_____ [State how you are aware of the birth or birth date]. For example: "I was present during the birth", "I witnessed the birth", "I have known the applicant since birth".

4. This affidavit is submitted because there are no official records available concerning the birth of the Applicant.

[OR]

The official record of birth is incomplete concerning the Applicant.

5. The information provided is true and correct to the best of knowledge and belief.

DECLARATION

I, _____, declare that the above statements from Para 1 to 5 are true to the best of my knowledge and belief and that no material fact has been concealed. If incorrect information is provided, there is liability to punishment under the relevant laws.

DEPONENT

[Signature of Affiant]

VERIFICATION

Verified at _____ [City], this _____ [Day] day of
_____ [Month], _____ [Year], that the contents of the
affidavit are true and correct to the best of knowledge and belief and nothing has been
concealed therein.

DEPONENT