

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

STATE OF FLORIDA

Department of Health - Office of Vital Statistics AFFIRMATION OF COMMON CHILD(REN) BORN IN FLORIDA (TYPE OR PRINT INFORMATION)

Marriage Application Number:			
SPOUSE'S NAME (First, Middle, Last):			
SPOUSE'S MAIDEN SURNAME (If different):			
Date of Birth (mm/dd/yyyy):	Birthplace (State/Country)		
SPOUSE'S NAME (First, Middle, Last):			
SPOUSE'S MAIDEN SURNAME (If different):			
Date of Birth (mm/dd/yyyy):	Birthplace (State/Country)		
·	In accordance with §741.01, Florida Statutes, are the parents of the following minor child(ren) beautificate):		
Date of birth (mm/dd/vvvv):	Birth Certificate number (if knov	wn):	
	(County):		
2. Name of child (As appears on Birth C	Certificate):		
Date of birth (mm/dd/yyyy):	Birth Certificate number (if know	wn):	
Place of birth (City):	(County):	(State): Florida	
3. Name of child (As appears on Birth C	Certificate):		
Date of birth (mm/dd/yyyy):	Birth Certificate number (if know	wn):	
Place of birth (City):	(County):	(State): Florida	
State of	State of		
County of	County of		
Personally KnownOR Produced identification	Personally Known OR I	Personally Known OR Produced identification	
Type of Identification Produced	Type of Identification Produ	Type of Identification Produced	
BY OUR SIGNATURES, we do hereby swear and affi	rm that all of the information contained herein is true and correct and ma	ay be relied upon for the issuance of a marriage license.	
Spouse's signature	Spouse's signature		
SWORN to and subscribed before me this	SWORN to and subscribed	before me this	
Signature of Deputy Clerk (or notary)	Signature of Deputy Clerk (Signature of Deputy Clerk (or notary)	
Print or Type Deputy Clerk's Name (or notary)	Print or Type Deputy Clerk	's Name (or notary)	
(SEAL)	(S	EAL)	