



VERIFICATION BY PARENT/LEGAL GUARDIAN AFFIDAVIT

I, \_\_\_\_\_, being first duly sworn, [PRINT FULL LEGAL NAME]

upon my oath, depose and state that:

- 1. I am the parent/legal guardian of the following child(ren) and as such I am authorized to make this verification:

Table with 4 columns: CHILD'S FULL LEGAL NAME, GENDER, BIRTH DATE. Includes sub-headers [FIRST], [MIDDLE], [LAST], [MALE OR FEMALE], [MONTH / DAY / YEAR].

- 2. In lieu of a certified copy of a certificate of birth, I am submitting as proof of the child(ren)'s name(s) and the child(ren)'s date(s) of birth:

\_\_\_\_\_[TYPE OF DOCUMENT]

- 3. I have been unable to obtain a certified copy of a certificate of birth of the child(ren) because of the following:

\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE

State of Arizona )
County of Maricopa )

SUBSCRIBED and SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by [DAY] [MONTH] [YEAR]

\_\_\_\_\_ as parent/legal guardian. [NAME OF SIGNER]

NOTARY SEAL

NOTARY PUBLIC (NOTARY PUBLIC SIGNATURE)

My Commission Expires: \_\_\_\_\_



# VERIFICACIÓN POR EL PADRE/GUARDIÁN LEGAL AFFIDÁVIT

Yo, \_\_\_\_\_, siendo  
[ESCRIBA EL NOMBRE COMPLETO LEGAL]

debidamente declarado bajo mi juramento, declaro y afirmo que:

1. Yo soy el padre/guardián legal de los siguientes niños y como tal estoy autorizado para hacer esta verificación:

NOMBRE COMPLETO LEGAL DE NIÑO(A)		GÉNERO	FECHA DE NACIMIENTO
[NOMBRE(S)]	[APELLIDO(S)]	[MASCULINO O FEMENINO]	[MES / DÍA / AÑO]
[NOMBRE(S)]	[APELLIDO(S)]	[MASCULINO O FEMENINO]	[MES / DÍA / AÑO]
[NOMBRE(S)]	[APELLIDO(S)]	[MASCULINO O FEMENINO]	[MES / DÍA / AÑO]
[NOMBRE(S)]	[APELLIDO(S)]	[MASCULINO O FEMENINO]	[MES / DÍA / AÑO]

2. En vez de una copia certificada del acta de nacimiento, estoy presentado como prueba del nombre y la fecha de nacimiento del (los) niño(s):

\_\_\_\_\_  
[TIPO DE DOCUMENTO]

3. No he podido obtener una copia certificada del acta de nacimiento del (los) niño(s) debido a lo siguiente: \_\_\_\_\_

\_\_\_\_\_  
FIRMA DEL PADRE/GUARDIÁN

State of Arizona )  
 )  
County of Maricopa )

SUBSCRIBED and SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by  
[DAY] [MONTH] [YEAR]

\_\_\_\_\_ as parent/legal guardian.  
[NAME OF SIGNER]

\_\_\_\_\_  
NOTARY SEAL

\_\_\_\_\_  
NOTARY PUBLIC (NOTARY PUBLIC SIGNATURE)

My Commission Expires: \_\_\_\_\_