

AFFIDAVIT OF WITNESS TO HOME BIRTH

I, _____, being duly sworn, state the following:

- 1. **Full Name of Witness:** _____
- 2. **Witness' Date of Birth:** _____
- 3. **Witness' Relationship to Parent (if any):** _____
- 4. **Address Where the Birth Occurred:** _____

(Include Street Address, City, State, ZIP Code)

5. I affirm that on the date of _____, I was present at the above address, and personally witnessed the birth of a child to **Birth Parent's Name(s):**

6. I affirm that at the time of the birth, the birth parent was physically present at the above address.

7. Witness' Proof of Residence:

I am a Tenant at the same address listed above and have attached a copy of one or more of the following:

- Government-issued ID showing the address
- Utility bill or lease in Tenants' Name
- Other document (describe): _____

8. I understand that this affidavit may be submitted to the St. Joseph County Clerk's Office and/or the Michigan Department of Health and Human Services as supporting documentation to register a birth.

I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Signature of Affiant: _____

Date: _____

Notarization Section

Subscribed and sworn before me on this _____ day of _____, 20__
by _____ (name of affiant),

Signature of Notary Public: _____

Printed Name of Notary: _____

My Commission Expires: _____

County of Commission: _____

Acting in County of _____