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 _____