

AFFIDAVIT OF BIRTH

State of MINNESTOA_____)

County of RAMSEY_____)

1. I, [Witness Name], was born on [MM/DD/YYYY], in [City/Country of Birth].
2. [Have witness explain his or her immigration status if applicable. Have witness explain his or her status at entry into the United, A number, and current status.]
3. I hereby certify that, [CLIENT’S NAME] was born on [DOB] in [Insert City] Thailand.
4. Applicant’s mother’s name is [MOTHER’S NAME].
5. Applicant’s father’s name is [FATHER’S NAME].
6. My relationship to the Applicant is _____.
7. I can confirm the date and place of birth for [CLEINT’S NAME] as well as her parents’ identities because [HAVE WITNESS EXPLAIN THAT HE OR SHE WAS EITHER PRESENT DURING OR DIRECTLY FOLLOWING THE BIRTH. Example: “I was present during the labor of [Child’s Name] to assist the family with various needs during the child birth.” If WITNESS WAS NOT PRESENT DURING OR DIRECTLY FOLLOWING THE BIRTH HAVE THEM EXPLAIN WHEN THEY LEARNED ABOUT THE BIRTH AND HOW THEY KNOW THAT THE PARENT CHILD RELATIONSHIP EXISTS]
8. I declare the forgoing is true and correct to the best of my knowledge and ability.
9. I am aware that providing misleading information can result in the denial of the immigration application.

Signature_____ Date_____

Printed Name:_____

Address_____

Signed and sworn before me

this_____ day of_____ of _____.

Signature of Notary Public

My Commission expires: _____.