
Birth Affidavit of Payment

State of [State]

County of [County]

I, [Your Full Name], residing at [Your Address], being duly sworn, hereby declare and affirm as follows:

1. Affiant Details:

I am the [Relation to the Mother, e.g., "father," "guardian"] of [Child's Full Name], born on [Date of Birth] at [Hospital Name].

2. Payment Details:

On [Date], I made a payment of [Amount] to [Hospital/Clinic Name] for birth-related expenses, including [Insert details, e.g., delivery charges, medical fees, etc.].

3. Mode of Payment:

The payment was made via [Cash/Check/Bank Transfer].

- **Transaction ID or Check Number:** [Insert, if applicable]
- **Bank Name:** [Insert, if applicable]

4. Acknowledgment of Receipt:

I received acknowledgment of payment in the form of [Receipt/Invoice/Email Confirmation].

Further Affiant Sayeth Not.

Signed this [Day] of [Month], [Year].

[Your Full Name]

(Signature)

Acknowledgment

Subscribed and sworn to before me on this [Day] of [Month], [Year], by [Your Full Name], who is personally known to me or has produced [ID Type] as identification.

Notary Public:

[Seal of Notary]