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# 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]