



**Madera Unified School
1902 Howard Road
Madera, Ca. 93637**

AFFIDAVIT OF BIRTH

Childs Name at Birth:

FIRST NAME:

MIDDLE NAME:

LAST NAME:

Date of Birth:

County of Birth:

MOTHERS FULL NAME: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: _____ DATE: _____

FATHERS FULL NAME: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: _____ DATE: _____

GUARDIAN FULL NAME: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: _____ DATE: _____

Please list your telephone number in case we should need to contact you. (_____) _____ - _____

I (we) do hereby declare that this affidavit is made in order to provide a true and correct record of birth as indicated above.

Signature of Parents/Guardian

Date