



AFFIDAVIT FOR BIRTH CERTIFICATE

Commonwealth of Virginia, City of Falls Church, to-wit:

I, _____ (*full legal name*), swear or affirm to the truthfulness of the information that follows based on personal knowledge. This regards the identity and age of a student requesting enrollment in Falls Church City Public Schools in accordance with section 22.1-3.1 of the Code of Virginia.

STUDENT NAME:	_____	_____	_____	_____
	FIRST	MIDDLE	LAST	SFX
DATE OF BIRTH:	_____	AGE: _____		
	MONTH / DAY / YEAR			
PLACE OF BIRTH:	_____			
	CITY	STATE / PROVINCE	COUNTRY	
MOTHER NAME:	_____	_____	_____	
	FIRST	MIDDLE	LAST	
FATHER NAME:	_____	_____	_____	_____
	FIRST	MIDDLE	LAST	SFX

1. Explain why you are unable to present the birth record of the student.

2. List the documents you have provided to establish the student's identity and age.

(Photocopies should be attached by the reviewing school official).

I understand that false or otherwise untrue information provided for any of the items above could result in a criminal charge of perjury being brought against me. I understand that this affidavit does not fulfill the registration requirement and that the original or certified copy of the birth certificate must be provided within 45 days of enrollment.

Street address

Parent or guardian signature

Date

City State Zip

Print parent or guardian name

Subscribe and sworn to before me this _____ day of _____ 20_____.

State: _____ City: _____ My commission expires: _____

Witness my hand in official seal.

Notary Public

* All birth certificate affidavits are forwarded to local law enforcement as required by the Code of Virginia.