



AFFIDAVIT FOR BIRTH CERTIFICATE

DATE: _____

COMMONWEALTH OF VIRGINIA

CITY OF HAMPTON, TO WIT:

I personally know _____ who seeks enrollment in the
(Name of Child)
public schools of the City of Hampton and that _____
(Name of Child)
was born on the _____ day of _____, _____, and as of this date is
_____ years old.

I do solemnly swear that the above statements are true to the best of my knowledge and belief. I further swear that a valid birth certificate or other valid proof of birth, will be delivered within **90 days** to the school. **I understand that if a birth certificate, or other valid proof of birth, is not presented within the allotted time, notice shall be sent to the person enrolling the child indicating when the child shall be withdrawn from school.**

(Signature of Parent / Guardian)

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____

by _____
(Notary Public)

My Commission expires: _____

My Registration number: _____

Legal Authorization: Code of Virginia, 1950, as amended, Section 22.1 - 3.1.