

7387 S. Campus View Drive • West Jordan, UT 84084 PHONE: 801-567-8251 • FAX: 801-567-8061

## **Affidavit of Birth**

Student Information				
Student Last Name	Student First Name		Student Mic	ldle
Student Date of Birth	Student City and State of Birth		Current Stre	eet Address
Full Name of Mathon/Local Guardian	5 11 11 16 11		Cumant Cit	Ctata 7in
Full Name of Mother/Legal Guardian	Full Name of Father/Legal Guardian		Current City, State, Zip	
In lieu of the required birth certificate, I am providing the following acceptable items:				
Non-certified Birth Certificate		Baptismal or Blessing Record		
Court Record		Doctor or Hospital Record		
Sworn Government Record		Certified Citizenship Paper		
Midwife Certificate	Taxes			
Other (Must be approved by Planning and Enrollment):				
I do swear and affirm that I am the custodial father, custodial mother, or legal guardian of said student and that I am				
unable to furnish a certified copy of the student's birth certificate at this time for the following reason(s):				
I do also certify under penalty of perjury under Utah law that I know the contents of this affidavit signed by me and that the statements are true and correct.				
Signature of Parent or Guardian			Date	
Charles of Hillians				
State of Utah				
County of				
Subscribed and sworn to before me on	this da	y of		, 20
by	·			
Witness my hand and official seal.				
Notary Signature				