AFFIDAVIT FOR BIRTH CERTIFICATE

Commonwealth of Virginia, Fairfax County

I, _____, swear to or affirm the truthfulness of the
      first   last

information that follows based on personal knowledge. This regards the identity and the age of a student requesting enrollment in Fairfax County Public Schools in accordance with Section 22.1-3.1 of the Code of Virginia.

Name of Student _____,_____ Age_____
              last   first   middle

Date of Birth_____ Place of Birth _____
         mo/day/yr   city   state (or province)   country

Name of Father_____,_____
            last   first   middle

Name of Mother_____,_____
            last   first   middle

1. Explain why you are unable to present a certified copy of the birth record of this 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.

_____   _____
street address   parent or guardian signature

_____   _____
city   state   ZIP code   print parent or guardian name

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Subscribed and sworn before me this _____day of _____, 20____.

State _____ County _____. My commission expires _____.

Witness my hand in official seal.

_____
                           notary public