

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

STATE OF FLORIDA

Department of Health - Office of Vital Statistics AFFIRMATION OF COMMON CHILD(REN) BORN IN FLORIDA (TYPE OR PRINT INFORMATION)

Marriage Application Number:		
SPOUSE'S NAME (First, Middle, Last):		
SPOUSE'S MAIDEN SURNAME (If differ	rent):	
Date of Birth (mm/dd/yyyy):	Birthplace (State/Country)	
SPOUSE'S NAME (First, Middle, Last): _		
SPOUSE'S MAIDEN SURNAME (If differ	rent):	
Date of Birth (mm/dd/yyyy):	Birthplace (State/Country)	
·	In accordance with §741.01, Florida Statutes, at we are the parents of the following minor child(ren) born in the State of the Certificate:	
Date of birth (mm/dd/yyyy):	Birth Certificate number (if known):	
Place of birth (City):	(County):	(State): Florida
2. Name of child (As appears on Bi	irth Certificate):	
Date of birth (mm/dd/yyyy):	Birth Certificate number (if known):	
Place of birth (City):	(County):	(State): Florida
3. Name of child (As appears on Bi	irth Certificate):	
Date of birth (mm/dd/yyyy):	Birth Certificate number (if known):	
Place of birth (City):	(County):	(State): Florida
Do NOT sign the	his form unless you are in the presence of a notary or d	leputy clerk
State of Florida	State of Florida	
County of Lee	County of Lee	
Personally Known OR Produced identification		X_
Type of Identification Produced	Type of Identification Produced	
BY OUR SIGNATURES, we do hereby swear as	and affirm that all of the information contained herein is true and correct and may be relied upon for the	issuance of a marriage license.
Spouse's signature	Spouse's signature	
SWORN to and subscribed before me this	SWORN to and subscribed before me this	
Signature of Deputy Clerk (or notary)	Signature of Deputy Clerk (or notary)	
Print or Type Deputy Clerk's Name (or notary)	Print or Type Deputy Clerk's Name (or notary)	
(SEAL)	(SEAL)	