

Asseveration of Live Birth

This aver does affirm and verify that on the _____ day of the Month of _____ In the
 Year _____, there was a live birth of a _____ at _____,
(Son/Daughter) Location

Named _____,
First name Other names Family names:

the Mother was _____,
First name Other names Family names:

The age of the Mother _____ and where she was born _____,

the Father was _____,
First name Other names Family names:

The age of the Father _____ and where he was born _____.

Comments of signing witness; other information concerning birth, time or details or: _____

I was born at _____ on the _____ day of the Month of _____ in the Year _____
 and hereby bear true and faithful witness that this information is accurate to the best of my knowledge:

Print First name Other names Family names: Title, office or status in relationship to the Child.

Signed _____
Date Signed

present address _____

Notary or other Witnesses to the signing of this document:

| For Recorder use only | | | |
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Asseveration of Live Birth

Instructions

The Purpose of this document is to verify the truth of a Natural birth, its time and location and the identity of Child and Parents. It is also to affirm the identity of the witnesses of a Natural Child, either Son or Daughter, being born to the Natural Parents, [In Parentes Loci].

Filling out Form

All letters and words should be in legible print or type and easily read. If you do not have knowledge of the information requested put dashes (----) in the space provided. If you have doubts about information supplied include a “question mark” (?).

- Enter Day, Month and Year of live birth.
- Enter the gender (Son/Daughter) and Location where the child was Born.
- Print full name of Child born.
- Print full name of Mother of Child giving Birth.
- Age of Mother or approximate (?) age of Mother and location the Mother was born, if known.
- Print full name of Father of Child or Husband of Mother accepting Child.
- Age of Father or approximate (?) age of Father and location the Father was born, if known.

Signing of Witness to Birth

If you were an eye witness to the Child being Born alive or had first hand knowledge of the events surrounding the Child being Born, including location, time, parents and participants you may sign as a witness to the live birth. A witness to the event of birth should have or obtain actual knowledge of the people and events surrounding the birthing processes and identity of the Child and the Mother and/or the Father. Fore knowledge of the family is of value but not essential.

- Comments should be in the words of the witness, clearly printed, written or typed. They may include description and circumstances of labor, condition of Child and Mother, time and any identifying events surrounding the birth as well as other people present at and around the time the Child was Born.
- The location and date where the signatory was born,
- The printed name and relationship to the Family
- The signature of individual bearing witness to the truth of these statements and the date signed.
- The signature on this Asseveration should be signed with one or more witnesses to the signatures who affirms the truth of their signature. This may be by an official notary of any country or government including their seal or a minister of the Church, or any other witness who identifies themselves where they are from originally, their age and includes contact information.

Information, asseveration and applications may be sent to the Church's Ministry of Records to be sealed and filed, additional sealed copies may be obtained from the Church.