

Center for Health Statistics P.O. Box 47814 Olympia WA 98504-7814 360-236-4300

## **Supporting Affidavit**

First Name	Middle Name	Last Name			
Vashington State that	at the following is tr	ue and correct:			
			, sex	, was born on	
					MM/DD/YYYY
l	in the county of		, state of Washington.		
City or Town					
the child is under the	he age of 18, were t	the parents marrie	d at any ti	me during the p	oregnancy?
	☐ Yes	☐ No	☐ Not a	pplicable	
othor/poront birth p					and father/parent was
amer/parent birth n	First Name	Full Middle Name	Last	/Maiden Name	_, and father/parent was
orn in the state or o	ountry of				
in the state of c	ountry of			•	
other/parent hirth n	ama				and mather/parent wa
otrier/parent birtir n	First Name	Full Middle Name	La	st /Maiden Name	, and mother/parent wa
om in the state or c	ountry of			·	
nowledge of the fac te: "Personal knowledge fore the individual's dat	ets concerning the a	bove birth to be tr	ue becaus	se:	regnant state within two month
nowledge of the fac te: "Personal knowledge fore the individual's dat tase provide specific deta	ets concerning the a	bove birth to be tr	ue becaus	(a.) an apparent present of the date of birth; or (length) in to a list of names	regnant state within two month b.) giving birth to the individual s of those present at the birth.
te: "Personal knowledge or the individual's data ase provide specific deta fiant's Signature	ets concerning the a	bove birth to be tr	ue becaus	(a.) an apparent proceed to a list of names  Phone (	regnant state within two month b.) giving birth to the individual s of those present at the birth.
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