

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

STATE OF FLORIDA AFFIRMATION OF COMMON CHILD(REN) BORN IN FLORIDA

(TYPE OR PRINT INFORMATION)

Marriage Application Number:		
GROOM'S NAME (First, Middle, Last):		
Date of Birth (mm/dd/yyyy):	_Birthplace (State/Country)	
BRIDE'S NAME (First, Middle, Last):		
BRIDE'S MAIDEN SURNAME (If differen	nt):	
	Birthplace (State/Country)	
we hereby attest that	In accordance with §741.01, Florida Statutes, at we are the parents of the following minor child(ren) born in the State of	Florida.
• • •	rth Certificate):	
	Birth Certificate number (if known):(County):	
	rth Certificate):	
•	Birth Certificate number (if known):	
	(County):	
	rth Certificate):	
	Birth Certificate number (if known):	
Place of birth (City):	(County):	(State): Florida
State of	State of	
County of	County of	
Personally Known OR Produced identification		
Type of Identification Produced	Type of Identification Produced nd affirm that all of the information contained herein is true and correct and may be relied upon for the is	suance of a marriage license.
Groom's signature	Bride's signature	
SWORN to and subscribed before me this day o	of, sworn to and subscribed before me this day of	_,
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)	

INSTRUCTIONS FOR AFFIRMATION OF COMMON CHILD(REN)

This form is not to be recorded in official records and must be sent with the Certificate of Marriage that has been filed and recorded in accordance with §741.01, Florida Statutes.

All information should be printed or typed and follow the format that is provided for each field.

Use a separate form for additional children.