



Center for Health Statistics  
Post Office Box 9709  
Olympia, Washington 978507-9709

State of \_\_\_\_\_

**Supporting Affidavit**

County of \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn upon oath deposes and says; \_\_\_\_\_,  
(child's first, middle, last name),  
Sex \_\_\_\_\_, was born on \_\_\_\_\_ at \_\_\_\_\_ in the  
County of \_\_\_\_\_, State of Washington. Father's full name was \_\_\_\_\_, and  
father was born at \_\_\_\_\_, in the state or country of \_\_\_\_\_. Mother's full maiden  
(city or town)  
name was \_\_\_\_\_, and she was born at \_\_\_\_\_ in the state or  
(first, middle, last) (city)  
country of \_\_\_\_\_.

I am related to the above named child as \_\_\_\_\_ and I know or have reason to believe the facts  
(parent, brother, sister, aunt, etc.)

concerning the above birth to be as herein set forth because: \_\_\_\_\_

**Affiant's Signature** \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**SUBSCRIBED and SWORN to before me**

**This \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_**

\_\_\_\_\_  
NOTARY PUBLIC in and for the State of Washington,

Residing at \_\_\_\_\_. Notary commission  
(city)

Expires \_\_\_\_\_

(seal or stamp)