



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 different): _____

Date of Birth (mm/dd/yyyy): _____ Birthplace (State/Country) _____

SPOUSE'S NAME (First, Middle, Last): _____

SPOUSE'S MAIDEN SURNAME (If different): _____

Date of Birth (mm/dd/yyyy): _____ Birthplace (State/Country) _____

In accordance with §741.01, Florida Statutes,
we hereby attest that we are the parents of the following minor child(ren) born in the State of Florida.

1. Name of child (As appears on Birth 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 Birth 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 Birth Certificate): _____

Date of birth (mm/dd/yyyy): _____ Birth Certificate number (if known): _____

Place of birth (City): _____ (County): _____ (State): Florida

State of _____

County of _____

Personally Known____ OR Produced identification ____

Type of Identification Produced _____

BY OUR SIGNATURES, we do hereby swear 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 _____

SWORN to and subscribed before me this ____ day of _____, _____

Signature of Deputy Clerk (or notary) _____

Print or Type Deputy Clerk's Name (or notary) _____

(SEAL)

State of _____

County of _____

Personally Known____ OR Produced identification ____

Type of Identification Produced _____

Spouse's signature _____

SWORN to and subscribed before me this ____ day of _____, _____

Signature of Deputy Clerk (or notary) _____

Print or Type Deputy Clerk's Name (or notary) _____

(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.