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

STATE OF FLORIDA

lorida

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)
	ance with §741.01, Florida Statutes, ts 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	State of
County of	County of
Personally Known OR Produced identification	
Type of Identification Produced	Type of Identification Produced
BY OUR SIGNATURES , we do hereby swear and affirm that all of the in	formation contained herein is true and correct and may be relied upon for the issuance of a marriage license.
Spouse's signature	Spouse's signature
SWORN to and subscribed before me this day 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)