



**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 \_\_\_\_\_

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

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

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

Personally Known \_\_\_ OR Produced identification \_\_\_

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 information 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)

## **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.