



### Supporting Affidavit

I, \_\_\_\_\_, declare under penalty of perjury under the laws of  
First Name Middle Name Last Name

Washington State that the following is true and correct:

\_\_\_\_\_, sex \_\_\_\_\_, was born on \_\_\_\_\_  
Child's First Name Middle Name Last Name MM/DD/YYYY

in \_\_\_\_\_ in the county of \_\_\_\_\_, state of Washington.  
City or Town

If the child is under the age of 18, were the parents married at any time during the pregnancy?

Yes  No  Not applicable

Father/parent birth name \_\_\_\_\_, and father/parent was  
First Name Full Middle Name Last /Maiden Name

born in the state or country of \_\_\_\_\_.

Mother/parent birth name \_\_\_\_\_, and mother/parent was  
First Name Full Middle Name Last /Maiden Name

born in the state or country of \_\_\_\_\_.

I am related to the above named child as \_\_\_\_\_ and I know or have personal  
(Parent, Brother, Sister, Aunt, etc.)

knowledge of the facts concerning the above birth to be true because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: "Personal knowledge" means having observed an individual's mother in either (a.) an apparent pregnant state within two months before the individual's date of birth and in a non-pregnant state after the individual's date of birth; or (b.) giving birth to the individual. Please provide specific details about the location where the birth took place, in addition to a list of names of those present at the birth.*

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

Mailing Address \_\_\_\_\_  
Street or P.O. Box City or Town State Zip Code

(seal or stamp)

**SUBSCRIBED and SWORN to before me**

**this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_**

NOTARY PUBLIC in and for the State of Washington,

Residing at \_\_\_\_\_  
City or Town

Notary commission expires:

\_\_\_\_\_