## **AFFIDAVIT OF PREGNANCY**

(To Establish Birth Registration of Unattended Home Birth)

Name of Witness to Pregnancy: _							
Address:							
City/County/State/Zip/Phone:							
In Witness to: (mother's name): _							
☐ Saw the Mother	Pregnant [	<b>3</b> S	Saw the Mother Del	iver		Saw the nev	wborn baby
How do you know the Mother? _							
How long have you known the M	other?						
When did you witness the above	checked, from w	hat c	date to what date? <sub>.</sub>				
Under penalty of perjury, I certify my knowledge. The undersigned for the penalties for submitting a recomprisonment in the county jail for Signature of Witness:	urther understa ord under false or not more than	nds th oreter one y	hat providing false i enses include a fine o year or both such fi	represent of not mo	tatior ore th npriso	n herein cons aan \$1000.00 onment. (CRS	stitutes fraud. ), or S 25-2-118).
Printed Name of Witness:  Executed this							
<u> </u>	IOTARY A	CK	NOWLEDGI	EMEN	<u>1T</u>		
State of	, (	Count	ty of			, ss:	
	<u>-</u> N	lotary	y Public				
	- T	itle (a	and Rank)				
	N	/lv co	ommission expires:				