

# Montana Department of Public Health & Health Services

## Office of Vital Records (PO Box 4210 Helena, MT 59604)

### AFFIDAVIT OF BIRTH INFORMATION

For purposes of creating a birth certificate pursuant to the pre-birth court order dated \_\_\_\_\_ and issued in the case of \_\_\_\_\_ Court for, \_\_\_\_\_ County, Cause No. \_\_\_\_\_, I swear and affirm the birth information of the child referenced in the court order is as follows:

1. CHILDS NAME (First)		(Middle)	(Last and Suffix if applicable)	2. DATE OF BIRTH (Month, Day, Year)	3. SEX
4. FACILITY-NAME (If not institution, give street and number)			5. CITY, TOWN, OR LOCATION OF BIRTH	6. COUNTY OF BIRTH	7. TIME OF BIRTH (2400 hour clock)
15. MOTHER/PARENTS FULL NAME ON CURRENT BIRTH CERTIFICATE (First, Middle, Last)			16. BIRTHPLACE (State or Foreign Country)	17. DATE OF BIRTH (Month, Day, Year)	
18a. RESIDENCE - STATE	18B. COUNTY	18C. CITY, OR TOWN AND ZIP CODE	18d. STREET AND NUMBER	18E. INSIDE CITY LIMITS (Yes or No)	
19. FATHER/PARENTS FULL NAME ON CURRENT BIRTH CERTIFICATE (First, Middle, Last)			20. BIRTHPLACE (State or Foreign Country)	21. DATE OF BIRTH (Month, Day, Year)	
23. PARENTS MAILING ADDRESS (If same as residence Enter Zip Code only)					

I have the consent of all parties concerned in stating these true facts.

Signed: \_\_\_\_\_

Relationship to Child ( check one):

Parent,  Attorney for \_\_\_\_\_,  Other \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Verification of Signer's ID is Mandatory**

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

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

This record was signed and sworn to (or affirmed) before me on \_\_\_\_\_ by \_\_\_\_\_ (Date)

\_\_\_\_\_  
Name of Signer Who Appeared before the Notary

\_\_\_\_\_  
Notary's Signature

[Official Stamp]