



Proof of Pregnancy Affidavit

I, _____, (name of person signing affidavit) certify that I witnessed
_____ (mother's name) was pregnant with the child listed below. She is
the mother of _____, (child's full name) born on _____
(month, day, year)
at _____, (city) Montana.

Father's Full Name _____

Mother's Full Maiden Name _____

I further swear that I represent the individual as: Self Parent Other (Specify) _____

Signed: _____

Address: _____

Phone Number: _____

Verification of Signer's ID Is Mandatory

This record was signed and sworn to, or affirmed, before me on _____ (Date) by
_____ (Signer's Name).

Notary's Signature: _____

State of _____

County of _____

My Commission Expires: _____

(Official Stamp)