

**VITAL RECORDS DEPARTMENT
DEKALB COUNTY BOARD OF HEALTH**

Sworn Statement

(Please print clearly)

Your name: _____

Your address: _____

Your city: _____ State: _____ ZIP code: _____

I, _____, declare under penalty of perjury under the laws of the State of Georgia, that I am an authorized person, as defined in the Official Code of Georgia Annotated (section 31-10-26), and am eligible to receive a certified copy of the birth or death certificate(s) of the following individual(s):

Person Named on Certificate	Applicant's Relationship to Person Named on Certificate (Must be a relationship listed in Georgia code)

The remaining information must be completed in the presence of a Notary Public.

Signed this _____ day of _____, 20____, at _____, _____,
(Date) (Month) (Year) (City) (State)

(Applicant's Signature)

on _____ before me, _____, personally appeared _____,
(Date) (Notary Public) (Applicant's name)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is (are) subscribed to within the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Georgia that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.
(SEAL)

(Signature of Notary Public)