

STATEMENT OF VERIFICATION OF THE  
OCCURRENCE OF A LIVE BIRTH

State of Illinois, Vital Records Registration District

This statement is to be completed by a third party (not the mother or father), hereafter referred to as the Third Party. The Third Party shall have been present at the delivery, or shall have personal knowledge of the delivery.

I \_\_\_\_\_ Do solemnly swear that  
(Third Party Name)

\_\_\_\_\_ Was born to  
(Name of child)

\_\_\_\_\_ On \_\_\_\_\_  
(Mother's First Middle Maiden Last Name) (Month Day Year)

at \_\_\_\_\_ AM  
\_\_\_\_\_ PM. The following persons (other than the Mother) were in attendance at this birth:

Name	<u>TITLE OR RELATIONSHIP TO CHILD</u>
_____	_____
_____	_____
_____	_____

I understand that any wilful false statement made on this or the birth certificate document is punishable by criminal sanctions.

\_\_\_\_\_ (Date) \_\_\_\_\_ (Signature of Third Party)

Sworn before me on this \_\_\_\_\_ Day of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary)