



سفارت کبرای جمهوری اسلامی افغانستان
واشنگتن دی.سی

Embassy of the Islamic Republic of Afghanistan
Washington, DC

د افغانستان د اسلامي جمهوریت لوی سفارت
واشنگتن ډي. سي

AFFIDAVIT OF BIRTH

I, _____ make the following statement under oath:
(Name of Person signing affidavit)

1. I am a _____.
(Citizen, permanent resident, asylee , etc.)
2. I was born at _____ on _____.
(Place of birth-city, country) (Date of birth)
3. I presently reside at _____
(Complete address)
4. My telephone number is _____
5. I have known _____ since _____.
(Name) (Date)
6. I am his / her _____
(Uncle, aunt, brother, sister, parent, friend, etc.)
7. I have personal knowledge that _____ is the
Son / Daughter of _____ and _____.
(Mother’s maiden name) (Father’s name)
8. I _____ present at his / her birth.
(was or was not)
9. He / She was born on _____ at _____.
(Date of birth) (Place of birth-city, Country)
10. The birth record is not available because:

_____ Birth records are not available in my village, town or city;

_____ The birth was never registered with the appropriate authorities;

Notary Public: _____

Signature of person
signing affidavit:
