AFFIDAVIT FOR RELEASE OF CERTIFIED COPY OF BIRTH RECORD

Before the undersigned, an officer duly commissioned by the laws of the United States Virgin Islands,

on this _______ day of ________________________________ ___________,

(Day)                       (Month)                                (Year)

personally appeared ________________________________________________ ,

Printed Name of Affiant

who having been first duly sworn and deposed says:

CHECK ONE:  I am the person listed on the record and am at least 18 years.
I am a parent or legal guardian of the minor person listed on the record.
I am a party entitled to receive the record as a result of a court order
or power of attorney.
I am an attorney representing the person listed on the record.

I authorize the Office of Vital Statistics to issue a certified copy of the :

CHECK ONE:    Birth Verification    Birth Certificate

Of ____________________________________________________________

(Name Of Person On Birth Record)

To ____________________________________________________________

(Name Of Person To Receive Copy Of Birth Record)

I have attached the required photocopy of my valid picture id:

______________________________________________________________ Id#

(Type of Id Attached)      Id#

I hereby swear or affirm the above statements are true and correct.

__________________________ (Signature of Affiant)

Sworn To And Subscribed Before Me This _______ Day Of ________________________________ ___________. WITNESS My Hand And Official Seal.

______________________________ (Notary Public’s Signature)