

THE VIRGIN ISLANDS OF THE UNITED STATES  
DEPARTMENT OF HEALTH  
OFFICE OF VITAL RECORDS AND STATISTICS

**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)

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.  
Day Month Year

\_\_\_\_\_  
(Notary Public's Signature)