

IMPORTANT NOTE ABOUT THIS FORM

“Plaintiff”: The first and last name of the person who is filing this action

“Defendant”: The other party’s first and last name

“Case Number”: Leave this field blank if you are preparing to file a new case

SUPERIOR COURT OF GWINNETT COUNTY

| | |
|---|---|
| <p>_____</p> <p style="text-align: center;">Plaintiff,</p> <p>v.</p> <p>_____</p> <p style="text-align: center;">Defendant.</p> | <p>Civil Action File No.: _____</p> |
|---|---|

**AFFIDAVIT IN SUPPORT OF
PETITION TO AMEND BIRTH CERTIFICATE**

Having first been placed under oath or affirmation by a notary public, I hereby swear or affirm that the following information is true.

1.

My name is _____ and I am ____ years old. I am competent to testify.

2.

I am named as the G mother father on the minor child's birth certificate.

3.

The minor child's birth certificate should be amended as follows:

(a) **Child's Name:**

| Currently reads: | Should read: |
|--------------------------------------|--------------|
| <input type="checkbox"/> First Name | |
| <input type="checkbox"/> Middle Name | |
| <input type="checkbox"/> Last Name | |

(b) **Father's Name**

| Currently reads: | Should read: |
|--------------------------------------|---------------------|
| <input type="checkbox"/> First Name | |
| <input type="checkbox"/> Middle Name | |
| <input type="checkbox"/> Last Name | |

(c) **Mother's Name**

| Currently reads: | Should read: |
|--------------------------------------|---------------------|
| <input type="checkbox"/> First Name | |
| <input type="checkbox"/> Middle Name | |
| <input type="checkbox"/> Last Name | |

4.

The minor child's birth certificate should be amended for the following reason:

_____.

5.

The Department of Vital Records will not correct the errors on the birth certificate without a court order.

6.

I recognize that if I knowingly and willfully make a false statement in this affidavit, I will be guilty of the crime of false swearing.

Affiant (*Signature*)

Sworn to and subscribed before me

This _____ day of
_____, 20____.

NOTARY PUBLIC_.