

AFFIRMATION OF CHILDREN IN COMMON FORM

PLEASE PRINT ALL INFORMATION LEGIBLY

2020-ML-

APPLICATION NUMBER

GROOM'S NAME (FIRST, MIDDLE, LAST):	
DATE OF BIRTH (MM/DD/YYYY):	STATE OF BIRTH OR FOREIGN COUNTRY:

BRIDE'S NAME (FIRST, MIDDLE, LAST):	
DATE OF BIRTH (MM/DD/YYYY):	STATE OF BIRTH OR FOREIGN COUNTRY:

In accordance with 741.01, Florida Statutes, we hereby attest that we are the parents of the following minor child(ren) born in the State of Florida.

1. NAME OF CHILD (AS APPEARS ON BIRTH CERTIFICATE):	
DATE OF BIRTH (MM/DD/YYYY):	BIRTH CERTIFICATE NUMBER (IF KNOWN):
PLACE OF BIRTH (CITY ONLY):	COUNTY OF BIRTH:

2. NAME OF CHILD (AS APPEARS ON BIRTH CERTIFICATE):	
DATE OF BIRTH (MM/DD/YYYY):	BIRTH CERTIFICATE NUMBER (IF KNOWN):
PLACE OF BIRTH (CITY ONLY):	COUNTY OF BIRTH:

3. NAME OF CHILD (AS APPEARS ON BIRTH CERTIFICATE):	
DATE OF BIRTH (MM/DD/YYYY):	BIRTH CERTIFICATE NUMBER (IF KNOWN):
PLACE OF BIRTH (CITY ONLY):	COUNTY OF BIRTH:

4. NAME OF CHILD (AS APPEARS ON BIRTH CERTIFICATE):	
DATE OF BIRTH (MM/DD/YYYY):	BIRTH CERTIFICATE NUMBER (IF KNOWN):
PLACE OF BIRTH (CITY ONLY):	COUNTY OF BIRTH:

If you have more than 4 children, please submit a second document with the information requested above or notify the Clerk's Office prior to your scheduled appointment time.