## CERTIFICATION FORM FOR A BIRTH OCCURRING OUTSIDE A HOSPITAL OR OTHER MEDICAL FACILITY

I certify that			
(Child's f	full name)		
was born alive on		at	
was born alive on(Child's date	of birth)	(Time of birth)	
to			
(Moth	er's full name)		
At the following address:			
(Street Number and Name)			
(City/State)	(Zi <sub>l</sub>	(Zip Code)	
(Signature of Certifier)	(Relatio	(Relationship to Child)	
(Printed Name of Certifier)			
Sworn to and subscribed before me this day of		(seal)	
(Notary Public)	_		
My Commission Expires:			