IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH
Bureau of Vital Records and Health Statistics

AFFIDAVIT OF ONE AND THE SAME PERSON

APPLICANT INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:

MAILING ADDRESS, INCLUDING APT NUMBER OR PO BOX, CITY, STATE, ZIP CODE:

DAYTIME CONTACT PHONE NUMBER:	EMAIL ADDRESS:

REQUEST TYPE:

☐ COURT DETERMINATION OF PATERNITY*

☐ COURT ORDERED NAME CHANGE*

RELATIONSHIP TO REGISTRANT (CHILD):

☐ SELF ☐ MOTHER ☐ FATHER

☐ LEGAL GUARDIAN (Provide proof of relationship)

*All affidavits must be submitted with a certified court order from a court of competent jurisdiction.

COURT ORDER #: (LOCATED ON FRONT PAGE OF ORDER)	STATE OR TRIBAL COURT ISSUING ORDER:

REGISTRANT (CHILD) INFORMATION

FIRST NAME ON THE BIRTH CERTIFICATE:	MIDDLE NAME ON THE BIRTH CERTIFICATE:	LAST NAME ON THE BIRTH CERTIFICATE:

DATE OF BIRTH:	CITY OF BIRTH IN IDAHO:

FIRST NAME INDICATED IN COURT ORDER:	MIDDLE NAME INDICATED IN COURT ORDER:	LAST NAME INDICATED IN COURT ORDER:

MOTHER'S FIRST NAME:	MOTHER'S MIDDLE NAME:	MOTHER'S LAST NAME BEFORE FIRST MARRIAGE:

FATHER'S FIRST NAME:	FATHER'S MIDDLE NAME:	FATHER'S LAST NAME:

FATHER'S DATE OF BIRTH:	FATHER'S STATE OR COUNTRY OF BIRTH:

NOTARIZATION

I affirm the information on this affidavit is true and correct and that the registrant referred to in the attached court order is one and the same person. I further request the birth certificate be amended to reflect the order issued by the court.

APPLICANT'S PRINTED NAME:	DATE SIGNED:

APPLICANT SIGNATURE:

Subscribed and sworn before me this _____ day of _____, 20____

STATE OF:		(seal)
COUNTY OF:		
Notary Public:		
My Commission expires:		
Residing at:		