

Rialto Unified School District

Affidavit of Birth In Lieu of Birth Certificate Education Code 48002

I, _____, do hereby declare:

1. I am the natural mother/father of _____.
(Print Student Name)
2. He/she was born on _____, at _____.
(Date) (Name/Address)
3. No birth certificate was obtained at the time of his/her birth
because _____
_____.
4. I have taken all necessary steps to receive an official birth certificate
from _____
I have been advised that it will take approximately _____ days to receive an official copy.
5. I will promptly submit a copy of the birth certificate as soon as it is received. I understand the
affidavit is only temporary until such time as the birth certificate is obtained.

I declare under penalty of perjury that the foregoing is true and correct based upon my own personal knowledge.

Date

Signed at _____, California

Signature

Print Name

Street Address

Mailing Address

FOR SCHOOL USE ONLY

(School)

(Date Received)

(Enrollment Date)

(Grade)

(Employee Signature)

(Print Name and Title)