AFFIDAVIT OF PREGNANCY

(To Establish Birth Registration of Unattended Home Birth)

Name of Witness to Pregnancy:	
Address:	
City/County/State/Zip/Phone:	
☐ Saw the Mother Pregnant	☐ Saw the Mother Deliver ☐ Saw the newborn baby
How do you know the Mother?	
How long have you known the Mother?	
When did you witness the above checked, from what date to what date?	
my knowledge. The undersigned further und The penalties for submitting a record under imprisonment in the county jail for not more	nformation presented in this affidavit is true and accurate to the best of derstands that providing false representation herein constitutes fraud. false pretenses include a fine of not more than \$1000.00, or e than one year or both such fine and imprisonment. (CRS 25-2-118).
Executed this day or	f, 20
	Y ACKNOWLEDGEMENT
State of	, County of, ss:
	Notary Public
	Title (and Rank)
	My commission expires: