



REV. DR. DIANA E. FRANCIS

Justice of the Peace

Market Street, Nassau, Bahamas

Telephone: 242-323-6452

Email: firstbaptistfellowship2@gmail.com

AFFIDAVIT INFORMATION

INFORMATION OF APPLICANT

(PERSON WHO AFFIDAVIT IS FOR)

LAST _____ FIRST _____

MIDDLE NAMES _____

DATE OF BIRTH _____ / _____ / _____ AGE _____ PLACE OF BIRTH: _____
(M/D/YEAR)

PARENTS *(PLEASE TICK PARENT(S) IS/ARE DECEASED)*

MOTHER'S NAME: _____ DECEASED []

FATHER'S NAME: _____ DECEASED []

SIGNEES *THE FOLLOWING INFORMATION IS FOR THE TWO PERSONS WHO WILL SIGN THAT THE INFORMATION IN THE AFFIDAVIT IS TRUE AND CORRECT. N.B. ALL AFFIDAVITS ARE TO BE SIGNED IN THE PRESENCE OF THE JUSTICE OF THE PEACE.*

NAME OF 1ST SIGNEE _____

ADDRESS _____

DATE OF BIRTH _____ AGE: _____

NAME OF 2ND SIGNEE _____

ADDRESS _____

DATE OF BIRTH _____ AGE: _____

PURPOSE OF AFFIDAVIT *WHAT TYPE OF AFFIDAVIT DO YOU NEED? TICK BELOW:*

- [] BIRTH NOT RECORDED [] NAME CHANGE (KNOWN AS TWO DIFFERENT NAMES)
[] STATEMENT OF SUPPORT [] FINANCIAL STATEMENT
[] NAME SPELT INCORRECTLY

EXPLAIN IN DETAIL ON THE LINE BELOW: _____

CONTACT PERSON _____ PHONE: _____