

**STATE OF WYOMING**  
**AFFIDAVIT FOR HOMELESS UNEMANCIPATED MINOR**  
**TO OBTAIN BIRTH CERTIFICATE**

This is a legal document that establishes an unemancipated minor's, Right to Contract, W.S. 14-1-102, et. seq. Do not sign until you understand your rights and responsibilities.

**AFFIDAVIT OF MINOR:**

I, \_\_\_\_\_, born \_\_\_\_\_, being sworn, state that:  
(Full Name of Minor) (Date of Birth)

**(Note: Please check the box to verify each statement.)**

- ☐ I am at least sixteen (16) years of age;
- ☐ I willingly live separate and apart from my parents, who consent to or acquiesce in my separate living arrangement;
- ☐ I am homeless; and
- ☐ I manage my own financial affairs.

I declare the information provided in support of this affidavit is true and correct under penalty of perjury.

\_\_\_\_\_  
(Minor's Signature)

\_\_\_\_\_  
(Date)

**CERTIFICATE OF NOTARY PUBLIC:**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

This affidavit was signed and sworn to before me by \_\_\_\_\_ on  
(Full Name of Minor)

\_\_\_\_\_  
(Date)

WITNESS my hand and official seal.

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires:\_\_\_\_\_.

**DECLARATION OF FIRST WITNESS:**

I, \_\_\_\_\_, born \_\_\_\_\_, am occupied as:  
(Full Name of Adult Witness) (Date of Birth)

**(Note: Please check the relevant box to verify your occupation.)**

- ☐ an attorney;
- ☐ a health care provider;
- ☐ a rabbi, priest, minister, clergy, or other religious counselor; or
- ☐ a college or school administrator or counselor.

**(Note: The following verification must also be provided if you are a rabbi, priest, minister, clergy, or other religious counselor. Please check the box to verify the statement.)**

- ☐ I verify under penalty of false swearing that I have not been convicted of a felony in the State of Wyoming or another jurisdiction.

I witness this affidavit. To the best of my knowledge, the minor, \_\_\_\_\_,  
(Full Name of Minor)  
signed this affidavit willingly.

\_\_\_\_\_  
(Witness' Signature)

\_\_\_\_\_  
(Date)

**DECLARATION OF SECOND WITNESS:**

I, \_\_\_\_\_, born \_\_\_\_\_, am occupied as:  
(Full Name of Adult Witness) (Date)

**(Note: Please check the relevant box to verify your occupation.)**

- ☐ an attorney;
- ☐ a health care provider;
- ☐ a rabbi, priest, minister, clergy, or other religious counselor; or
- ☐ a college or school administrator or counselor.

**(Note: The following verification must also be provided if you are a rabbi, priest, minister, clergy, or other religious counselor. Please check the box to verify the statement.)**

- ☐ I verify under penalty of false swearing that I have not been convicted of a felony in the State of Wyoming or another jurisdiction.

I witness this affidavit. To the best of my knowledge, the minor, \_\_\_\_\_,  
(Full Name of Minor)  
signed this affidavit willingly.

\_\_\_\_\_  
(Witness' Signature)

\_\_\_\_\_  
(Date)