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)

Vital Records Services, Hathaway Building, Cheyenne, WY 82002, Phone (307) 777-6041