

# AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF LEVY

THIS IS TO CERTIFY, THAT IN REFERENCE TO OUR APPLICATION FOR A MARRIAGE LICENSE WE ARE THE PARENTS OF OR EXPECTANT PARENTS OF A CHILD BORN ON OR TO BE BORN ON \_\_\_\_\_.

\_\_\_\_\_  
MOTHER OR EXPECTANT MOTHER

\_\_\_\_\_  
FATHER OR EXPECTANT FATHER

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_,  
AT BRONSON, LEVY COUNTY, FLORIDA.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FL

\_\_\_\_\_  
PRINT NAME

\_\_\_\_ PERSONALLY  
KNOWN

\_\_\_\_ PRODUCED I. D.