

ATTESTATION TO BIRTH CERTIFICATE

1. You have the legal right to choose any name for your child. N.J.A.C 8:2-1.4: The designation of a child's name including the surname is the right of the child's parent(s). The child may be given any chosen name(s) or surname, except that the State Registrar may reject a name that contains an obscenity, numerals, symbols, or a combination of letters, numerals, or symbols, or a name that is illegible. After you have chosen the name and it is put on the birth certificate, it cannot be changed except through a court of law.
 2. Please review the name you have chosen for your child and demographic information provided below and then sign your name.
 3. If a father is listed on the record, he must sign the form as well.
 4. If the parents are unmarried, a Certificate of Parentage form must have been submitted to permit the Father's information to appear on the birth certificate.
 5. If the husband is not the father, and wishes to deny paternity, both the mother and the husband must first complete an Affidavit of Denial of Paternity. Then the mother and the biological father must complete and sign a Certificate of Parentage. If both forms are not completed, the husband's information will appear on the birth certificate.
- A. By affixing our signatures below, we (I) agree to the choice of our child's name and demographic information provided below. We (I) understand that once the choice is made, it cannot be changed except by a court order.
- B. Also, we (I) acknowledge that the child's name and other personal information that appears has been reviewed and verified.

Name of Parent A (Print)	Signature of Parent A	Date:
Name of Parent B (Print)	Signature of Parent B	Date:

1. NAME OF CHILD (First) (Middle) (Last) (Suffix)				
2a. DATE OF BIRTH (MM/DD/YYYY)	2b. TIME OF BIRTH	3. Sex <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	4.a. PLURALITY <input type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> OTHER _____ <small>(specify)</small>	4b. IF MULTIPLE BIRTH, BIRTH ORDER: <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> OTHER _____ <small>(specify)</small>
5a. PLACE OF BIRTH (Name of facility, if not institution, give Street Name and Number)		5b. MUNICIPALITY OF BIRTH	5c. COUNTY OF BIRTH	
6. MOTHER'S MAIDEN NAME (First) (Middle) (Last)			7. MOTHER'S DATE OF BIRTH (MM/DD/YYYY)	
8. MOTHER'S LEGAL NAME (First) (Middle) (Last)			9. MOTHER'S BIRTHPLACE (State or Foreign Country)	
10a. MOTHER'S RESIDENCY ADDRESS (Number and Street Name)	10b. RESIDENCE-City, Township or Boro	10c. COUNTY	10d. STATE	10e. INSIDE CITY LIMITS <input type="checkbox"/> YES <input type="checkbox"/> NO
11a. MOTHER'S MAILING ADDRESS-Number and Street/P.O. Box Number	11b. CITY OR TOWNSHIP	11c. STATE	11d. ZIP CODE	
12a. FATHER'S NAME (First) (Middle) (Last) (Suffix)	12b. FATHER'S DATE OF BIRTH (MM/DD/YYYY)	12c. FATHER'S BIRTHPLACE (State or Foreign Country)		
13a. FATHER'S MAILING ADDRESS-Number and Street/P.O. Box Number	13b. CITY OR TOWNSHIP	13c. STATE	13d. ZIP CODE	
14a. NAME OF INFORMANT		14b. RELATIONSHIP TO CHILD		

