



CIVIL REGISTRY DEPARTMENT AND VITAL STATISTICS UNIT

I, _____ AGE: _____

ADDRESS: _____

ID NUMBER: _____

PHONE NUMBER: _____

Do solemnly and sincerely declare that:

I, _____ **[Full Name]**, hereby confirm and consent that I am the biological mother of _____ **[Child's Name]**, who was born to myself _____ **[Mother's Name]** and _____ **[Father's Name]** on _____ **[Date of Birth Child]** at _____ **[Place of Birth (Hospital or other)]**.

I acknowledge that _____ **[Father's Name]** is the biological father of my child.

I affirm that the information provided in this consent form is accurate to the best of my knowledge.

And I make this solemn declaration, conscientiously believing the same to be true; and by virtue of the provisions of The Oaths Acts, Chapter 130 of the Laws of Belize, Revised Edition, 2020.

Declarant's Signature

Declared and subscribed in Belize,

This _____ day of _____ 20_____

before me,

JUSTICE OF THE PEACE
SIGNATURE AND STAMP