



AFFIDAVIT OF AGE
[MUST BE NOTARIZED]

BEFORE ME, the undersigned authority, personally appeared _____
(print or type name of parent/guardian)
who, being by me first duly sworn, on oath, deposes and says:

1. That his/her name is _____
(print or type name of parent/guardian)

2. That he/she is the parent/guardian of _____
(print or type name of child)

minor child, whose date of birth is _____
(month) (day) (year)

FURTHER AFFIANT SAITH NOT.

**UNDER SECTION 92.525(2), FLORIDA STATUTES (2015), A PERSON WHO KNOWINGLY
MAKES A FALSE DECLARATION IS GUILTY OF THE CRIME OF PERJURY BY FALSE WRITTEN
DECLARATION, A FELONY OF THE THIRD DEGREE.**

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING
AFFIDAVIT OF AGE AND THAT THE FACTS STATED IN IT ARE TRUE.**

DATED this _____ day of _____, 20____.

PARENT or GUARDIAN:

PRINT NAME: _____

COUNTY OF _____)
STATE OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____,
20____, by _____, who is personally known to me OR has provided
_____ as identification.

(SEAL)

Name: _____
NOTARY PUBLIC
STATE OF _____ AT LARGE
Commission Expires: _____