

# AFFIDAVIT TO SUPPORT DESIGNATION OF AN ALTERNATE INFANT SURNAME

Center for Policy Planning and Evaluation  
Vital Records Division

## AFFIDAVIT

This Affidavit sets forth certain information to support the use of a surname different than that of either parent, or any part or combination thereof, of an infant.

1. I, \_\_\_\_\_ (Declarant's Name and Surname), being first duly sworn, depose and say that I am the  Mother  Father/Parent (please check one) of \_\_\_\_\_ (Name and Surname of Infant), born on \_\_\_\_/\_\_\_\_/\_\_\_\_ (Day, Month and Year), in the District of Columbia.
2. I further swear that \_\_\_\_\_ (Infant's Surname) is the surname of a parent's relative or has another clearly stated familial connection (§ 7-231.08(l)(9)). Please note that the surname must be a relative's complete name. You may not, for example, combine letters from two different names. This type of change will require a DC Superior Court order: (Also note that use of the phrase "**Cultural Reason**" is not considered a familial connection. Explain in detail the familial connection to the surname.)
3. Please list the full of the relative whose surname is being used:  
The Individual's relationship the infant:
4. Which side of the infant's family is the relative whose surface is being used?  Mother  Father (select one)  
(Please note that a surname from the father's side is only permissible if the infant's father is recorded on the birth certificate. Please consult your birthing facility if you need to complete an Acknowledgement of Paternity, or if you are unsure if one is in place for your child.)

*\*\*Additional guidance: Please note that the Vital Records Division is required by law to use the mother's surname on the child's birth certificate if the family does not indicate a preference (such as the Father's last name), or selects a surname requiring a court order to process without supplying such a court order. This includes cases where this affidavit is incomplete or incorrectly filled out. To avoid inconvenience, and possible expense, please consult with your birthing facility with any questions about an alternate surname before submitting this form.*

I hereby certify and affirm that I as the applicant am entitled to make the above surname selection to the above referenced birth record. I also certify and confirm that the information provided in this form regarding the familial connection to the selected surname for the child is true and accurate as detailed. Pursuant to § 7-231.28 (a), a fine of not more than \$12,500, or imprisonment of not more than 2 years, or both, for each occurrence shall be imposed on: Any individual who willfully and knowingly makes a false statement to the Registrar or the Registrar's designee when submitting information required by this act, in connection with:

- (A) A report;
- (B) A request to amend or correct a vital record, including any associated evidence
- (C) request for a certified copy or verification of a vital record;
- (D) A request for access to information in vital records; or
- (E) A request for creation of a vital record, including delayed records.

FULL NAME:

EMAIL ADDRESS:

PHONE NUMBER:

ADDRESS:

DATE:

PARENT'S SIGNATURE:

**Do not sign this form until you appear before a Notary Public.**

**This form will only be accepted if your signature can be authenticated by a Notary Public**

Signature:

Relationship:

Sworn to subscribed by the information in the presence on the

day of

in the year

Notary Public