Supporting Affidavits

The State of Ohio,		Count	y: AFI	FIDAVIT OF PHYSICIAN	
•	·	do hereby certify tha	it I was the n	hysician in attendance	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	lame of Physician	do neleby certify the	it i was the p	mysician in accendance	
at the birth of the app	plicant herein, and that the facts in	the application are true, as	I verily belie	ve.	
	•				
		Signature of Physician			
		Mailing Address of Physician			
Sworn to before me a	nd signed in my presence this	day c	f	, 20	
		Signature of Official			
	;	Official Title			
	:	_			
The State of Ohio,		County:		AFFIDAVIT	
I,		, age years, d	o hereby cer	tify that I have personal	
	ne of Witness ts stated in this application, and tha	at the facts stated herein ar	e true, as I ve	erily believe.	
Signature of Affiant		Mailing Address of Affiant			
Sworn to before me and signed in my presence this		day	of	, 20	
		Signature of Official			
		Official Title			
The State of Ohio,		County:		AFFIDAVIT	
				kif , that I have may anal	
1,	Name of Witness	, ageyears, do	nereby cer	tity that i nave personal	
knowledge of the fac	ts stated in this application, and the	at the facts stated herein an	re true, as I v	erily believe.	
Signature of Affiant		Mailing Address of Affiant			
Swarn to before me	and signed in my presence this	day	of	20	
Sworn to before me a	ind signed in my presence this	uay	OI	2V	
	-	Signature of O		fficial	
	-		Official Title		