

# AFFIDAVIT FOR CURRENT YEAR CORRECTIONS

STATE OF GEORGIA

STATE FILE No. \_\_\_\_\_

I, \_\_\_\_\_ THE MOTHER OF

\_\_\_\_\_, BORN ON \_\_\_\_\_

(NAME SHOWN ON CERTIFICATE)

AM REQUESTING THAT MY CHILD'S NAME BE CHANGED FROM

\_\_\_\_\_ TO \_\_\_\_\_

EFFECTIVE \_\_\_\_\_.

\_\_\_\_\_  
Signature of Affiant (Mother)

SWORN TO BEFORE ME THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_,

20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public's Signature

My Commission Expires:

\_\_\_\_\_, 20 \_\_\_\_\_

IDENTIFICATION PRESENTED BY MOTHER:

\_\_\_\_\_

