AFFIDAVIT CONCERNING CORRECT DATES ON BIRTH CERTIFICATE

(PLEASE PRINT AND COMPLETE IN **BLUE** OR **BLACK** INK)

I	(First Name)	(Middle Name)		(LAST NAME)	. residing at
		(Address Line			
		(Address Line			
		(CITY, STATE, ZIP			
Do soler	mnly swear as follows	5:			
1.	That my name is .	(First)	(MIDDLE)	(LAST)	
2.	That I am a citizen of GRENADA , having been born in the Parish of				
	(Parish in which you were born) On (D.			DAY / MONTH / YEAR)	
3.	That I have not renounced my citizenship of GRENADA .				
4.	That my mother's name is / was:				
		(First Name)	(MIDDLE NAME)	(LAST NAME)	(Maiden Name)
5.	That my father's n	ame is / was :(First Name)	(Middle Name)	(LAST N	
6.	That the above info	ormation is true and co	rrect.		
	SIGNED(APPLICANT)				
SWORN	I to Before Me This	Day of(мо	NTH)	(YEAR)	
		LAWYER / NOTARY PUBLIC			