

AFFIDAVIT OF NON-DISCLOSURE

State of Oklahoma)
County of) ss.

I, _____, being _____ years old and being first duly sworn, do hereby state upon my oath that:

I am the birth mother/father of a female/male child known as _____
born _____ in _____
_____. I have given up my rights to this child.

I have been told by the judge that my child will be able to get a copy of her/his original birth certificate if my child contacts the Oklahoma Health Department, Bureau of Vital Statistics in Oklahoma City after my child turns eighteen unless I sign this Affidavit. I understand that if I sign this Affidavit, my identification will be removed from my child's original birth certificate before it is released.

I do not want my child to be given a copy of the original birth certificate, which shows that I am a parent. I understand that if I change my mind, I can revoke this Affidavit by notifying the Bureau of Vital Statistics in writing and by completing such forms, as they require.

I have thought about my decision not to allow my child to obtain my identity on the birth certificate. My decision is made of my own free will. No one has tried to pressure me, threaten me, nor has offered me anything of value to get me to sign this Affidavit.

Signed this _____ day of _____, 199__.

Birth Parent

Subscribed and sworn to before me this _____ day of _____, 199__.

My commission expires:

Notary/Court Clerk/Judge

[This document shall be filed with the Consent if it is executed at the same time. It can be executed at any time and filed with the Bureau of Vital Statistics, Oklahoma Health Department, 1000 N.E. 10th Street, P.O. Box 53551, Oklahoma City, OK 73152-3551.]