



**AFFIDAVIT OF AGE**  
**[MUST BE NOTARIZED]**

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_  
(print or type name of parent/guardian)  
who, being by me first duly sworn, on oath, deposes and says:

1. That his/her name is \_\_\_\_\_  
(print or type name of parent/guardian)

2. That he/she is the parent/guardian of \_\_\_\_\_  
(print or type name of child)

minor child, whose date of birth is \_\_\_\_\_  
(month) (day) (year)

FURTHER AFFIANT SAITH NOT.

**UNDER SECTION 92.525(2), FLORIDA STATUTES (2015), A PERSON WHO KNOWINGLY MAKES A FALSE DECLARATION IS GUILTY OF THE CRIME OF PERJURY BY FALSE WRITTEN DECLARATION, A FELONY OF THE THIRD DEGREE.**

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT OF AGE AND THAT THE FACTS STATED IN IT ARE TRUE.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**PARENT or GUARDIAN:**

\_\_\_\_\_  
PRINT NAME: \_\_\_\_\_

COUNTY OF \_\_\_\_\_ )  
STATE OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me OR has provided \_\_\_\_\_ as identification.

(SEAL)

Name: \_\_\_\_\_  
NOTARY PUBLIC  
STATE OF \_\_\_\_\_ AT LARGE  
Commission Expires: \_\_\_\_\_