

AFFIDAVIT OF AGE
[MUST BE NOTARIZED]

BEFORE ME, the undersigned authority, personally appeared _____
who, being by me first duly sworn, on oath, deposes and says:

(print or type name of child)

(print or type name of child)

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

FURTHER AFFIANTS SAITH NOT.

UNDER SECTION 92.525(2), FLORIDA STATUTES (2015), A PERSON WHO KNOWINGLY

PRINT NAME: _____