



**COMHAIRLE CHONTAE SHLIGIGH
SLIGO COUNTY COUNCIL**

Sligo County Council Housing Tel: 071 911-1111

AFFIDAVIT – BIRTH

I _____ of _____
(full name of applicant) (Current address in full)

Was born on the _____ day of _____ at _____
(Name of town/district)

In the Country of _____
(Country of Birth)

I further say that my Father is _____
(Full name of Father)

Born on the _____ day of _____ at _____
(Name of town/district)

In the Country of _____
(Country of Birth)

And that my Mother is _____
(Mother's full maiden name)

Born on the _____ day of _____ at _____
(Name of town/district)

In the Country of _____
(Country of Birth)

The reason I cannot furnish a Copy of my Original Birth Certificate is:

I HEREBY AFFIRM, DECLARE AND SWEAR THAT I BELIEVE THE ABOVE DETAILS TO BE TRUE.

Signature of Applicant: _____

Signature of Solicitor/Commissioner for Oaths: _____



Official Stamp

Date : ____/____/____

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http://www.sligococo.ie/gdpr/SligoCoCo_DataPrivacyStatement.pdf