Statement of Midwife in Attendance at Birth

I certify that I was the attending midwife for the birth detailed below:

_____
Name

_____
Date | Time of birth | Sex

_____
Place of birth

_____

_____
Parents

_____
Address

_____

_____
Signature | Date

_____
Print name

_____
Address

_____

Commonwealth of Massachusetts
County of_____

On this _____ day of_____, 20____, before me, the undersigned notary public, personally appeared _____(midwife), proved to me through satisfactory evidence of identification, which was MA license, to be the person whose name is signed on this document in my presence.

_____
Notary Public