



Hobbs Municipal Schools

WITNESS OF BIRTH CERTIFICATE

(Please Print all Information)

This is to certify that I have witnessed a certified copy of the birth certificate from the State of _____ :

*File Number _____ Request Number _____

County of Birth _____ Date of Birth _____

Date of Registration _____ Sex _____

Name of Person Registered _____

Name of Father _____

Name of Mother _____

Certificate Number _____

In accordance with Statutes and Regulations governing the New Mexico Bureau of Vital Records and Health Statistics (NMSA 24-14-27), it is unlawful for any person to copy or issue a copy of all or part of any record except as authorized by law.

*File Number: The File Number and Date of Registration will appear on all computer-generated certified copies of New Mexico birth certificates issued since 1984. However, records issued prior to 1984 may reference a certificate number and will have a file date. All birth certificates issued by the Bureau of Vital Records and Health Statistics will bear the embossed state seal.

EMPLOYEE CERTIFICATION: I attest, under penalty of perjury, that I have viewed the original state publicly filed Birth Certificate presented for the above student and that it appears to be genuine.

School Employee

Date