

IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT,
IN AND FOR OSCEOLA COUNTY, FLORIDA

In the Interest of:

Case No: _____

_____/_____
(pseudonym or initials of minor)

SWORN STATEMENT OF TRUE NAME AND PSEUDONYM

NOTICE TO THE CLERK OF COURT: A CERTIFIED COPY OF THIS DECLARATION WITH THE CASE NUMBER NOTED ON IT SHALL BE GIVEN TO THE MINOR AFTER SHE SIGNS IT.

THE ORIGINAL SHALL IMMEDIATELY BE PLACED IN A SEALED ENVELOPE WHICH SHALL BE FILED UNDER SEAL AND KEPT UNDER SEAL AT ALL TIMES.

(1) My true name is _____, and my address is _____
(Print your name)

(Print your address)

(2) My date of birth is _____.

(3) I have filed a Petition for Judicial Waiver of Parental Notice of Termination of Pregnancy under the name or initials _____ on _____
(Date)

I understand that by signing this form I am swearing to or affirming the truthfulness of the information herein and that the punishment for knowingly making a false statement includes fines, imprisonment or both.

Dated: _____ Signature: _____
(You must sign your true name.)