



**Government of the  
District of Columbia**  
Office of Tax  
and Revenue  
Recorder of Deeds  
1101 4th Street, SW  
Washington, DC 20024  
Phone (202)727-5374

**PARENT AND CHILD AFFIDAVIT**

Square

Suffix

Lot

Print Name of Parent 1

and

Print Name of Parent 2

Print Name of Child 1

Print Name of Child 2

The above name individuals are legally related to each other as stated.

Affiant/Parent/Child hereby affirms under penalty of law that the above statement and representation are correct and true to the best of his/her information, knowledge and belief. Furthermore, Affiant/Parent/Child hereby acknowledges that any false statement or misrepresentation that he/she makes on this form is punishable by criminal penalties under the D.C. Official Code Sections §47-4106 and §22-2405.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

DISTRICT OF COLUMBIA,

Signed and affirmed before me on this \_\_\_\_ day of \_\_\_\_\_ month in the year \_\_\_\_\_

by \_\_\_\_\_  
(name(s) of person(s) making statement)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_