

Georgia Department of Human Services Division of Family and Children Services

| gia Department Iman Services | Affidavit | To Establish | Identity for | r Medicaid | Applicants | /Recipients | Under Ag | je 10 | 6 |
|---------------------------------|-----------|--------------|--------------|------------|------------|-------------|----------|-------|---|
|---------------------------------|-----------|--------------|--------------|------------|------------|-------------|----------|-------|---|

| | Appli | icant/Recipient Info | rmation | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------|-----------------------------------------|--|--|--|--|--|
| Case # | | | Client ID | | | | | |
| | | | | | | | | |
| 1 (4) | | | | | | | | |
| I, <u>(1)</u> | Name of Parent or Guardi | , <u>(</u> 2) ian | Of Relationship (Parent or Guardian) | | | | | |
| | | | | | | | | |
| (3) | | state in tru | uth that I have personal knowledge that | | | | | |
| | Child's Full Name | | | | | | | |
| | | | | | | | | |
| _(4) | Child's Full Name | was born on | Child's Date of Birth | | | | | |
| | | | | | | | | |
| in (6) | | | | | | | | |
| | | Child's Place of Birth (city, | state, country) | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | Certification | | | | | | |
| I affirm and declare that the facts stated in this Affidavit are true and correct. I understand that I can be punished by law if I do not tell the truth. | | | | | | | | |
| Signed this | (7) | Day of | , 20 | | | | | |
| (9) | | | (8) | | | | | |
| | Affiant Signature | | Affiant Printed Name | | | | | |
| | | | | | | | | |
| (10) Sworn to me this Day of | | ay of | , 20 | | | | | |
| My commission expires on | | | <u> </u> | | | | | |
| Notary Signature | | | Notary Printed Name | | | | | |
| | | | | | | | | |
| (Notary Public) (Seal Required) | | | | | | | | |

AFFIDAVIT TO ESTABLISH IDENTITY

This form can be used by a parent or guardian to establish the identity of a child under the age of 16. This form should only be used if none of the documents listed in Chart 5 of the Documents Establishing US Citizenship and Identity document are available. It cannot be used if an affidavit was used to establish the child's citizenship.

Instructions

- Enter the case number and the client ID for the person who needs the affidavit.
- Complete the numbered blanks as follows:
 - 1. Name of the parent or guardian.
 - 2. Relationship of the individual to the child. The individual signing the affidavit must be a parent or guardian.
 - 3. Child's full name.
 - 4. Child's full name.
 - 5. Child's date of birth.
 - 6. Child's place of birth.
 - 7. Date of signature.
 - 8. Name of the parent or guardian.
 - 9. Signature of the parent or guardian.
 - 10. Signature and seal of the notary. The affidavit must be notarized

| Definitions related to completion of this form: | | | | | |
|----------------------------------------------------------------------|---------------------------------------------------------------------------|--|--|--|--|
| Affidavit written declaration made under oath before a notary public | | | | | |
| Affiant | person who makes an affidavit; person declaring that person is a citizen | | | | |
| Oath | commitment to tell the truth | | | | |
| Notary Public | people legally empowered to witness and certify the validity of documents | | | | |