Affidavit of Identity of Minor Child / Children

DATE:_____

Child's Name	Date of Birth	Place of Birth	Case Number

Under penalty of perjury, I declare that each child named above, who is under the age of 16, for whom I have applied for Medicaid / CHIP benefits is the same individual for whom birth verification has been provided.

_____ _____
Adult Signature Relationship

_____ _____
Witness* Title/Relationship

*Witness only required if adult signature is an "X", or by mark.