RESET FIELDS

AFFIDAVIT ATTESTING TO UNAVAILABILITY OF DOCUMENTARY EVIDENCE OF CITIZENSHIP

(To be completed if the affiant is the Medicaid applicant/recipient)

I, _____, attest that documentary evidence proving my U.S. citizenship cannot be obtained. I live at _____.
(street address)

_____, _____, _____
(city) *(state)* *(zip code)*

Documentary evidence establishing my claim of citizenship does not exist or cannot be readily obtained because:

☐ My birth certificate and other documentary evidence do not exist.	☐ All my documentary evidence was lost or destroyed, and no copy exists.
☐ I do not know where I was born, but I know I am a U.S. citizen because _____ _____ _____ _____	☐ Other _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
☐ My documentary evidence has been requested, but has not yet been received, and no other documents exist.	

I have submitted the affidavits of _____ and _____ to attest to my citizenship under penalty of perjury.

I, _____, state that the information on this affidavit is true and correct to the best of my knowledge and belief and that the signature is being made subject to the criminal penalties of false statements under 18 Pa.C.S. § 4904.

_____ _____
Signature of Medicaid applicant/recipient (affiant) *Date*

_____ _____
Signature of witness *Date*
(Required)