



CASE IDENTIFICATION (COUNTY ASSISTANCE OFFICE ONLY)				
CO	RECORD NUMBER	CAT	CSLD	DIST
RECORD NAME				DATE

## AFFIDAVIT ATTESTING TO IDENTITY OF MINOR CHILD

I, \_\_\_\_\_, am the parent or guardian of \_\_\_\_\_ .  
(parent/guardian name) (child's name)

The child lives at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ .  
(street) (city) (state) (zip code)

The child was born on \_\_\_\_\_, \_\_\_\_\_ in \_\_\_\_\_ .  
(month) (day) (year) (state)

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 parent/guardian (affiant) Date

\_\_\_\_\_  
Signature of witness (Required) Date

Note: You may not submit this affidavit if you submit or have submitted an affidavit attesting to the applicant/recipients citizenship.