



Main Office: 222 East Central Parkway • Cincinnati, Ohio 45202-1225
General Information: (513) 946-1000
General Information TDD: (513) 946-1295
 www.hcjfs.org

For Agency Use:

Case Name:	Case Number:	Caseload/District #:
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Affidavit of Identity for a Child Age 16 or Younger

I, _____, am the natural/adoptive parent or
(First and Last name)

guardian of _____ born _____ at
(First and Last name) *(Date)*

_____ located in _____
(Hospital Name or Other Birth Location) *(City, State, and Zip/Postal Code)*

I affirm and declare under penalty of perjury that the facts stated in this affidavit are true and correct.

Signature:	Date:	
Print Name:		
Social Security Number of Person Completing the Affidavit		
Street Address:		
City:	State:	Zip: