

AFFIDAVIT TO ESTABLISH IDENTITY

This form can be used to establish the identity of a person who meets the criteria as described in 10 CCR 2505-10, Section 8.100.3.H.i

- Child age 0-15 for whom no other acceptable identity documents such as: clinic, doctor, hospital, or school records are available or;
- Individual age 16-18 for whom no other acceptable identity documents are available and in instances when school ID cards and drivers' licenses are not available until the individual reaches that age or;
- A disabled individual in an institutional care facility, only if: No other evidence of identity is available to the individual and it must be signed by the residential care facility director or administrator on behalf of the institutionalized individual in the facility.

This form can only be signed by a parent, legal guardian, or residential care facility director or administrator under penalty of perjury. This affidavit is not required to be notarized. This form cannot be used if an affidavit has been used to establish citizenship for the individual identified in this document.

Instructions:

Complete the numbered blanks as follows:

- (1) Name of parent, guardian, or director /administrator of residential care facility
- (2) Relationship to individual being identified
- (3) Full name of individual being identified
- (4) Birth date of individual being identified
- (5) Place of birth of individual being identified (City, State, Country)
- (6) Date of signature
- (7) Print name of parent, guardian, or director /administrator of residential care facility
- (8) Signature of parent, guardian, or director /administrator of residential care facility

I, _____, _____ of
(1) Name of parent, guardian, director/administrator (2) Relationship to individual being identified

_____, state under the penalty of perjury that I have
(3) Full name of individual being identified

personal knowledge that _____, was born on
(3) Full name of individual being identified

_____, in _____
(4) Birth date of individual being identified (5) Place of birth (City, State, Country - i.e. Denver, CO. USA)

I affirm and declare that the facts stated in this Affidavit are true and correct.

Signed on _____, by _____
(6) Date of signature (7) Print name of parent, guardian, director/administrator

(8) Signature of parent, guardian, director/administrator