

AFFIDAVIT ATTESTING TO CITIZENSHIP

I. IDEN	NTIFICATION				
Ι,	, do sole	emnly state, under penalty	y of perjur	y, that I	
have p	personal knowledge of the event(s) es	stablishing		's	
("applio	cant/recipient:") claim of United State	es citizenship.			
I live a	t(street)	,	_,		
	oplicant/recipient lives at	(5.5)	(51015)	(21)	
	(street)	,(city)	-,(state)		
II. REL	ATIONSHIP				
My relationship with the applicant/recipient is the following:					
	Related family member (please specify): parent brother/sister grandparent related by marriage to: other blood related family member (e.g. aunt, cousin) other	□ Not related (please □ friend □ other:	e specify):		
	RSONAL KNOWLEDGE				
I have	e personal knowledge that the applic	ant/recipient was born in	(*stat	e)	
	I was present at the applicant/recipie	ent's birth in	(*state)	·	
I —	I saw the applicant/recipient's mothe				
	immediately before and after the ap	`	†)		
	☐ I saw the applicant/recipient immediately after his/her birth in				
	other				



If born outside the United States, please specify the name of the territory or country and utilize "other" to explain.



IV. DOCUMENTARY EVIDENCE

Documentary evidence establishing the applicant/recipient's not exist or cannot be readily obtained because:	s claim of citizenship does			
\square the birth certificate and other documentary evidence d	lo not exist.			
☐ documentary evidence has been requested, but has no other documents exist.	ot yet been received and			
\square I do not know why documentary evidence does not ex	xist.			
☐ all documentary evidence was lost or destroyed and no copy exists.				
☐ I do not know what state the applicant/recipient was b is a U.S. Citizen despite the lack of documentation be knowledge of citizenship)	cause (explain personal			
□ other				
V. PERSONAL CITIZENSHIP I am a United States citizen. Upon request by the Departme	ent of Human Services, I			
will provide proof of my own citizenship and identity.				
I,, state that the information and correct to the best of my knowledge and belief and that made subject to the criminal penalties of false statements upon the complex of the criminal penalties of the criminal penalties of the statements upon the complex of the criminal penalties of the criminal	t the signature is being			
Signature of individual completing the form (affiant)	Date			
Signature of Witness (Required)	Date			