



**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: