Affidavit: Certification of Identity

This affidavit can only be used to prove identity for children age 15 and younger.
The Department of Health and Human Services must prove identity for each applicant and for each member of MaineCare. You have told us that you cannot give us other documents to prove the identity of the child or children listed below. Please read and complete this form. Be sure to sign the form. Return this affidavit to your MaineCare Eligibility Specialist.

Name: Date of Birth City/State of Birth:	Name: Date of Birth City/State of Birth:
Signature of parent: Date:	Signature of parent: Date:
Name: Date of Birth City/State of Birth:	Name: Date of Birth City/State of Birth:
Signature of parent: Date:	Signature of parent: Date:
Name: Date of Birth City/State of Birth:	Name: Date of Birth City/State of Birth:
Signature of parent: Date:	Signature of parent: Date:

Certification by parents or guardians **ONLY**: I declare that I have specific knowledge of the above child's (or children's) identity and I believe the information as stated on this form is true and complete to the best of my knowledge. I understand that if I have knowingly given wrong information, I shall be subject to penalties for perjury under federal and state law.

_____ _____
Head of Household Head of Household's Social Security Number

_____ _____
Signature Date Relationship to Child(ren)

_____ _____
Printed Name Phone Number

If you live at a different address than the child(ren), please include your address below:

_____
Address Town/City State Zip Code