State of Maryland
Department of Health and Mental Hygiene
AFFIDAVIT OF IDENTITY
For a Child Younger Than 16 years Old

This Document Is Not Valid Unless Fully Completed.

Child's Name: _____

Child's Date of Birth: _____ Child's Age: _____

Child's Place of Birth: _____

Child's Current Address: _____

1. My name is _____, and I live at _____

_____.

2. I am the child's:
   - ❑ Parent
   - ❑ Legal guardian
   - ❑ Other

3. I am unable to produce the required documents to prove the child's identity (U.S. passport, Certificate of Naturalization (N-550 or N-570), Certificate of Citizenship (N-560 or N-561), school photo ID card, school record with date and place of birth, nursery or day care record with date and place of birth, learner driver's license, or military dependent's ID card) because: _____

_____

I affirm and declare under penalty of perjury that the facts I state in this Affidavit are true, correct, and complete to the best of my ability, belief, and knowledge.

_____	_____	_____
Signature	Printed Name	Date Signed

DES/AF3(7/1/06)