



AFFIDAVIT ATTESTING TO CITIZENSHIP

I. IDENTIFICATION

I, _____, do solemnly state, under penalty of perjury, that I have personal knowledge of the event(s) establishing _____'s ("applicant/recipient:") claim of United States citizenship.

I live at _____, _____, _____, _____.
(street) (city) (state) (zip code)

The applicant/recipient lives at

_____, _____, _____, _____.
(street) (city) (state) (zip code)

II. RELATIONSHIP

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 specify):*

friend

other:

III. PERSONAL KNOWLEDGE

I have personal knowledge that the applicant/recipient was born in _____.
(*state)

I was present at the applicant/recipient's birth in _____.
(*state)

I saw the applicant/recipient's mother in _____.
(*state)

immediately before and after the applicant/recipient's birth.

I saw the applicant/recipient immediately after his/her birth in _____.
(*state)

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 claim of citizenship does not exist or cannot be readily obtained because:

- the birth certificate and other documentary evidence do not exist.
- documentary evidence has been requested, but has not yet been received and no other documents exist.
- I do not know why documentary evidence does not exist.
- all documentary evidence was lost or destroyed and no copy exists.
- I do not know what state the applicant/recipient was born in, but I know (s)he is a U.S. Citizen despite the lack of documentation because *(explain personal knowledge of citizenship)* _____ .
- other _____

V. PERSONAL CITIZENSHIP

I am a United States citizen. Upon request by the Department of Human Services, I will provide proof of my own citizenship and identity.

I, _____, state that the information on this affidavit is true and correct to the best of my knowledge and belief and that the signature is being made subject to the criminal penalties of false statements under 18 Pa.C.S. § 4904.

Signature of individual completing the form (affiant)

Date

Signature of Witness
(Required)

Date