



State of Utah
Department of Workforce Services
AFFIDAVIT OF IDENTITY OF MINOR CHILD

PLEASE USE A BLACK
BALL POINT PEN TO
COMPLETE FORM

Case# _____

Date: _____

After determining that no other records can be obtained (see **“NOTE”** below), a parent or guardian of a child applying for Medicaid can sign this **Affidavit of Identity of Minor Child** (a separate Affidavit must be signed for each child).

Child’s Name: _____

Date of Birth: _____

Place of Birth: _____

Case Number: _____

Under penalty of perjury, I declare that:

- no other identity records are available for the child named above, AND
- the child is under the age of 16, **OR** is 16-17 and has not been issued a driver's license, state identification card or school photo identification, AND
- I have applied for Medicaid benefits for this child, AND
- this child is the same individual for whom birth verification has been provided.

Adult Signature

Date

Relationship

Witness (only required if Adult Signature is an “X”, or by mark)

Date

Title/Relationship

NOTE:

The following **ORIGINAL** documents can be used to establish the identity of a child when the child does not have a U.S. Passport, Certificate of Naturalization, or Certificate of Citizenship:

- Under age 16: Hospital records; medical records; immunization records; school records issued by the school the child attends, including report cards; records from a day care provider
- Ages 16 and 17: A driver's license, state identification card, or school photo identification

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

