

State of Alaska
Department of Health & Social Services
Division of Public Assistance

Applicant Declaration
To Establish U.S. Citizenship

Please Print:

Applicant's Name: _____
First Middle Last

Name at Birth if different: _____

Place of Birth: _____

Date of Birth: _____

Place of Naturalization: _____

Date of Naturalization: _____

Reason why I am not able to provide proof of U.S. citizenship:

I hereby swear and affirm, under penalty of perjury, that the facts stated in this declaration, including U.S. citizenship, are true and correct.

Signature of Applicant

Date

Mailing Address

Phone Number

City

State

Zip