

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

Declaration of Identity for Children

This form meets the Medicaid photo identity requirement for children under age 18.

Child's Full Name (First Name and Last Name)	Date of Birth (Month, Day, and Year)	Place of Birth (City, State, Country)

I hereby swear and affirm, under penalty of perjury, that the information provided above is true and correct to the best of my knowledge.

 Signature of Parent, Guardian or Caretaker Relative

 Date

 Printed Name of Parent, Guardian or Caretaker Relative

 Mailing Address

 Phone Number

 City

 State

 Zip