

STATE OF KANSAS  
DEPARTMENT FOR CHILDREN AND FAMILIES  
ECONOMIC & EMPLOYMENT SERVICES

### **Affidavit of Identity**

You have stated that you are unable to provide the required documentation to verify the identity of \_\_\_\_\_.

Please have the person who is verifying identity complete the form below and sign it in the presence of a Notary Public. We must have this form completed and returned to us by:

Date this form is due back to DCF: \_\_\_\_\_

Failure to provide this information could result in your benefits being changed, denied, or closed.

You can mail information to:

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or fax to: \_\_\_\_\_

If you have questions, call \_\_\_\_\_ at between the hours of \_\_\_\_\_.

(Following to be completed by person making affidavit and Notary Public)

I, \_\_\_\_\_

Residing at \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Of lawful age, being duly sworn, upon my oath state:

1. I am a United States citizen.
2. I was born on \_\_\_\_\_ at \_\_\_\_\_  
(DOB) (City and State)
3. This affidavit is being executed on behalf of the following person.

4. I am acquainted with this individual.

5. The above named individual was born on \_\_\_\_\_ at  
(DOB)

(City and State)

I affirm and declare under penalty of perjury the facts stated in this affidavit are true and correct.

(Date Signed)

(Signature of Affidavit)

(Printed Name of Affidavit)

## State of

## County of

Subscribed and sworn to me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

## Notary Public

## My Appointment Expires

(Date of Expiration)