

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:

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)