



The Insurance Partnership
From the Commonwealth of Massachusetts

Affidavit of Parent or Guardian on Identity of Child Under Age 16

I, _____, make the following true
Name
statements.

1. I am the parent/guardian of _____,
Full Name of Child

Social Security Number

2. I know of my own personal knowledge that _____
Name of Child
was born on _____ in _____,
Date of Birth City

State

3. _____ does not have a government issued photo
Name of Child
identification card or other acceptable identifying document.

Sworn to under the pains and penalties of perjury.

Printed Name

Date

Signature

Address