

Parental Affidavit

This document is to be used for dependent children born outside the United States who do not have all of the required documentation for coverage (e.g. missing birth certificate, SSN, or TIN) .

I acknowledge that either I or my legal spouse is the biological parent or legal guardian of the following child(ren):

Childs First Name	Childs Last Name	Gender	Date of Birth	Place of Birth (city/town & country)	SSN or TIN (if not currently available, list the first date it may be applied for)

I am requesting benefits based on the child's relationship to myself or my legal spouse. **By signing this Affidavit, I affirm that the child was born in a jurisdiction that does not or will not issue legally valid records of parentage and/or birth.**

I voluntarily sign this affidavit to establish the child's legal relationship. I understand that this affidavit establishes the legal relationship of parent or legal guardian to child for the purposes of receiving certain employment-related benefits. I further understand that this affidavit could be used in a court of law. I have been informed of my right to consult with legal counsel prior to completing this affidavit.

I further understand that I may be subject to discipline, including termination of employment, if the information provided in this document is found to be false.

Employee Name (please print) _____

Employee Social Security Number _____

Employee ID _____

Signature of Employee _____

Signature of child's biological parent
(if the employee is the step-parent), or legal guardian _____

Notary:

I have confirmed the identity of the parties on this agreement and I have witnessed their signature above.

Subscribed and sworn before me this _____ day of _____ 20,_____.

Notary Public Name _____ Seal Expiration _____