

South Carolina Department of Health and Human Services

STATEMENT OF CHILD'S IDENTITY

Under penalty of perjury, I, _____,
(Name of Parent or Guardian)

affirm that _____
(Name of Child)

is my _____.
(Relationship of Child to Parent or Guardian) (Name of Child)

was born on _____ in _____,
(Birth Date of Child) (City of Birth)
_____, _____
(County of Birth) (State of Birth)

Signature of Person Giving Statement

Print Name of Person Giving Statement

Street or PO Box of Person Giving Statement

City, State, and Zip Code of Person Giving Statement

Under penalty of perjury, I, _____,
(Name of Parent or Guardian)

affirm that _____
(Name of Child)

is my _____.
(Relationship of Child to Parent or Guardian) (Name of Child)

was born on _____ in _____,
(Birth Date of Child) (City of Birth)
_____, _____
(County of Birth) (State of Birth)

Signature of Person Giving Statement

Print Name of Person Giving Statement

Street or PO Box of Person Giving Statement

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