

Ohio Department of Medicaid
Parent/Guardian Affidavit of Identity for a Child Age 16 Years or Less

I, _____ am the natural/adoptive parent or legal
(First and Last Name)
guardian of _____ born _____
(First and Last Name) (Date)
to _____ and _____
(First and Last Name) (First and Last Name)
at _____ located in
(Hospital Name or Other Birth Location)

(City, State and Zip/Postal Code)

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

(Date Signed)

(Signature of Affiant)

(Printed Name of Affiant)