



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

IDENTITY DECLARATION

Name of Identified Person: _____
Last First Middle

Sex: Male Female Person's Date of Birth: _____

Person's Place of Birth: _____
City County State

Person's Current Address: _____

Declarant's Full Name: _____
Last First Middle

Declarant's Relationship to Person: _____

Check one: Parent Guardian

I certify that all the information on this declaration is true, correct and complete. I understand that knowingly making a false or fraudulent statement or representation to the government may constitute a violation of federal or state law, and may result in imposition of a fine and/or imprisonment.

Declarant's Signature: _____

Declarant's Name (Printed): _____

Date Declarant Signed: _____