

**U. S. CITIZENSHIP DOCUMENTATION BIRTH CERTIFICATE REQUEST**

Re: \_\_\_\_\_

County Case No.: \_\_\_\_\_

The individual named above has applied for Medicaid or Special Assistance or is a current recipient being evaluated for continuing Medicaid or Special Assistance eligibility. We are attempting to document his/her U. S. citizenship per section 6036 of the 2005 Federal Reduction Act mandate. Please send us a certified birth certificate at your earliest convenience so that the application/redetermination can be processed. The needed authorization and information is provided below.

I, \_\_\_\_\_, authorize \_\_\_\_\_ County Department of Social Services to obtain a certified birth certificate  on my behalf  on my child's behalf.

\_\_\_\_\_  
Signature

I am the legal guardian for the above named individual and I authorize \_\_\_\_\_ County Department of Social Services to obtain a certified birth certificate for the above named individual.

[NOTE: A copy of the Legal Guardianship/Custody papers must accompany this request. Grandparents cannot authorize this request unless they have legal guardianship.]

\_\_\_\_\_  
Signature

Date signed: \_\_\_\_\_

Full Name you believe is on the Certificate: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ County of Birth: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

County Making Request: \_\_\_\_\_ Please mail the birth certificate to:

(Contact/address for county) \_\_\_\_\_

Thank you for your assistance.

Sincerely,

\_\_\_\_\_  
Income Maintenance Caseworker

Phone \_\_\_\_\_