

(County Letterhead)
(Date)

U. S. CITIZENSHIP DOCUMENTATION BIRTH CERTIFICATE REQUEST

Re: _____

County Case No.: _____

The individual named above has applied for Medicaid or is a current recipient being evaluated for continuing Medicaid 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:

Thank you for your assistance.

Sincerely, _____ (Contact/address for county)

Income Maintenance Caseworker

Phone: _____