

Ohio Department of Medicaid
Third Party Affidavit of Birthplace or Nationality

Instructions: This document must be completed by at least two individuals who have personal knowledge of the event(s) establishing the applicant's/recipient's claim of U.S. citizenship. At least one of the individuals must be a non-relative of the applicant/recipient, and neither individual can be the applicant/recipient. Both individuals must be able to provide proof of their own citizenship and identity. If either or both of the individuals have information explaining why documentary evidence of the birthplace/nationality of the applicant/recipient does not exist or cannot be readily obtained, this affidavit should contain the information. The administrative agency shall obtain a separate affidavit from the applicant/recipient or other knowledgeable persons, explaining why the evidence does not exist or cannot be provided, if the information is not provided in this affidavit.

First Affiant: I, _____ of
(First and Last Name)

(Street Address with City, State, Zip/Postal Code)

state: I am providing information on behalf of _____
(Full Name of Applicant/Recipient)

and my relationship to the above-named individual is _____.

I have personal knowledge of the event(s) establishing his/her claim of U.S. birthplace or nationality. The facts surrounding his/her birthplace/nationality are known to me as follows (include the applicant's/recipient's date and place of birth):

_____. To the best of my knowledge, he/she is unable to produce documentary evidence. The reasons known to me are as follows:

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

(Date Signed)

(Signature of First Affiant)

(Printed Name of First Affiant)

- Turn to Side 2 of this document for Second Affiant information.

Second Affiant: I, _____ of
(First and Last Name)

(Street Address with City, State, Zip/Postal Code)

state: I am providing information on behalf of _____ and my relationship
(Full Name of Applicant/Recipient)

to the above-named individual is _____.

I have personal knowledge of the event(s) establishing his/her claim of U.S. birthplace or nationality. The facts surrounding his/her birthplace/nationality are known to me as follows (include the applicant's/recipient's date and place of birth):

_____. To the best of my knowledge, he/she is unable to produce to documentary evidence. The reasons known to me are as follows:

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

(Date Signed)

(Signature of Second Affiant)

(Printed Name of Second Affiant)

Applicant/Recipient or Other Knowledgeable Person's Statement:

I _____ am either unable to provide documentary evidence of U.S.
(Name of Applicant/Recipient or Other Knowledgeable Person)

birthplace or nationality or the documentation is not readily available to me because:

(Date of Signature)

(Signature of Affiant)

(Printed Name of Affiant)