

Notarized Identity Verification

Affiar	nt Full Name:			
		(First Name, Middle Init	tial, Last Name)	
Mino	r Child's Full Name (if required):			
(First Name, Middle Initial, Last Name)				
E-ma	il Address:			
Phys	ical Address:			
City:		S	tate:	Zip Code:
	by affine and a second to a financian	that all above information	interval and a second	
i nere	eby affirm, under penalty of perjury,	, that all above information	istrue and accurate.	
C:	A			
Signa	ture:(Sign in the Presence of			
State	e of			
Coun	ty of			
I here	eby certify that on this	dayof		, the afore-signed person
attes	ted to the same in my presence, an	nd presented the following f	orm of identification	as proof of identity (check all that
apply	/):			
	State Driverdalianne			
	State Driver's License			
	U.S. Passport		<u> </u>	
	U.S. Military ID Card			
	State Identification Card			
	Birth Certificate for proof of identity as parent or guardian of a minor			
□ Other:				
Ш	Other:			
Nota	ry Public:			
	(Print Full	l Name)		
Му С	ommission Expires:			
Notary Public Signature:				Place Notary Seal Here

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