

**Family Planning Benefit Program**

**Declaration of Age for Minors**

This form should only be filled out by **minors under age 21** who have no other documents to show proof of birth.

I (print) \_\_\_\_\_ certify that I do not have and am not able to obtain any of the following documentation:

- |  |                                     |
|--|-------------------------------------|
| Birth certificate                      | Naturalization certificate          |
| Baptismal certificate                  | Adoption records (if I was adopted) |
| Hospital records (of my birth)         | Driver's license                    |
| School records (with my date of birth) |                                     |

I do not have any other way to verify my date of birth, which is \_\_\_\_\_. I certify that this information is true and correct. I understand that this information is to be used to determine eligibility for the Family Planning Benefit Program and that program officials may verify information on this form. I have read and understand my rights and responsibilities as indicated on my application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_