

**Parent/Guardian Affidavit of Identity for a Child Age 16 Years or Less**

I, \_\_\_\_\_ am the natural/adoptive parent or legal  
(First and Last Name)

guardian of \_\_\_\_\_ born \_\_\_\_\_  
(First and Last Name) (Date)

to \_\_\_\_\_ and \_\_\_\_\_  
(First and Last Name) (First and Last Name)

at, \_\_\_\_\_ located in  
(Hospital Name or Other Birth Location)

\_\_\_\_\_  
(City, State, and Zip/Postal Code)

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

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Signature of Affiant)

\_\_\_\_\_  
(Printed Name of Affiant)

**Ashtabula County Job & Family Services**  
**2924 Donahoe Dr., Ashtabula, OH 44004**  
**Email: [ashtabula-verifications@jfs.ohio.gov](mailto:ashtabula-verifications@jfs.ohio.gov)**  
**Toll Free: (800) 935-0242**  
**Fax: (440) 998-1538**