



oregon **contraceptive** care

# Statement of Identity

## For persons under 16 years of age

I am attesting to the identity of the following person as the parent or legal guardian.

Full Name	Date of Birth	Place of Birth

I affirm under penalty of perjury, that the information above is correct and complete to the best of my knowledge.

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Signature of Parent or Legal Guardian Relationship

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Date

Note: Written statements or affidavits cannot be used for documenting both citizenship and identity.