Declaration of United States Citizenship

Name of Medicaid applicant:

Date of Birth:

Place of Birth:

State     County

Why is U.S. citizenship documentation unavailable for the person applying for Medicaid?


I affirm to the citizenship of the person named above.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Medicaid applicant, guardian, or authorized representative

Executed on (date)

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Witness #1              Relationship to Medicaid applicant

Executed on (date)

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Witness #2              Relationship to Medicaid applicant

Executed on (date)

Please attach copies of proof of U.S. citizenship and identity for Witnesses #1 and #2 to this document.