

*VERIFICATION BY PARENT /LEGAL GUARDIAN
AFFIDAVIT*

I, _____, being first duly sworn,
[PRINT FULL LEGAL NAME]

upon my oath, depose and state

1. I am the parent/legal guardian of the following child(ren) and as such am authorized to make this verification:

CHILD 'S FULL LEGAL NAME			GENDER	BIRTH DATE
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[FIRST]	[MIDDLE]	[LAST]	[MALE OR FEMALE]	[MONTH / DAY / YEAR]
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4 re W n BT 9 -08 010896063048

[FIRST]	[M			
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State of Arizona)
)
County of Maricopa)

SUBSCRIBED and SWORN TO before me this ____ day of _____, 20____, by ____-hi _____