



Declaration of Identity for Disabled Adults

1. This declaration is made for the following person: _____

who lives in the following care facility: _____

2. This person was born on _____ at _____
(Date) (City) (State)

I, _____ employed by _____
(First Name, Last Name)

(City) (State) (Zip)

make these true statements:

3. I am a United States citizen.

4. I was born on _____ at _____
(Date) (City) (State)

5. I am the director or administrator of the above-named facility in which this individual resides.

I declare, under penalty of perjury under the laws of the State of Kansas that the foregoing is true.

Signature

Date Signed

Printed Name

Witness:

Witness Signature

Date

Printed Name of Witness