

MERCER COUNTY BOARD OF SOCIAL SERVICES

I, _____, hereby certify to the following statements:
(name of parent or guardian)

1. I am the parent/guardian of _____,
_____, _____,
_____, _____,
_____.

(names of children as they appear on their birth certificates who are applying for NJ FamilyCare/Medicaid)

- 2. _____ was born on _____ in _____
(name of child#1) (dob) (place of birth)
- _____ was born on _____ in _____
(name of child#2) (dob) (place of birth)
- _____ was born on _____ in _____
(name of child#3) (dob) (place of birth)
- _____ was born on _____ in _____
(name of child#4) (dob) (place of birth)
- _____ was born on _____ in _____
(name of child#5) (dob) (place of birth)
- _____ was born on _____ in _____
(name of child#5) (dob) (place of birth)

3. I am applying for NJ FamilyCare/Medicaid coverage for _____,
_____, _____,
_____, _____,
_____.
(child(ren)'s name(s))

4. I have provided accurate information regarding the child(ren) on the application.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willingly false, I am subject to punishment.

Signature of parent or guardian