

DEPENDENT AFFIDAVIT

Dependent's Name: _____ Date of Birth: _____

Relationship to **PIBF** member: _____

Natural Father's Name & Address

Natural Mother's Name & Address

Child Resides with:

Father

Mother

Father is deceased

Mother is deceased

Present whereabouts of Father Mother are unknown.

State facts regarding disappearance (if applicable).

Said child is is not fully dependent upon affiant for support. If not, explain fully:

Affiant will claim said child as a federal income tax exemption for the year _____ and has so claimed said child for the years _____, _____, _____, _____, _____, _____.

Signature of **PIBF** Member

Member's SS# _____