



P.O. Box 3599  
Topeka, KS 66601-9738  
Phone: 1-800-792-4884

### Third Party Declaration of Citizenship

I, \_\_\_\_\_ residing at  
(First Name, Last Name MI)

\_\_\_\_\_  
Address, City State Zip

make these true statements:

1. I am a United States citizen.
2. I was born on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (City and State)
3. This declaration is made for the following person: \_\_\_\_\_
4. My relationship with the above-named individual is: \_\_\_\_\_
5. I have personal knowledge of the event(s) establishing the individual's claim to citizenship. The facts surrounding the individuals citizenship are known to me are as follows (include the individual's date and place of birth): \_\_\_\_\_  
\_\_\_\_\_
6. To the best of my knowledge, the individual is unable to produce documentary evidence. The reasons for this that are known to me are as follows: \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Printed Name

If you have any questions, please call the KanCare Clearinghouse at 1-800-792-4884 between the hours of 8:00 am to 5:00 pm Monday through Friday.