

FAMILY PLANNING EXPANSION PROJECT (FPEP) STATEMENT OF CITIZENSHIP



Client Affidavit	
Client name	
Date of birth	Place of birth
Please explain the facts about your birth. Please give details about the reason(s) why you don't have documents to prove your citizenship.	
I affirm, under penalty of perjury, that my answers are correct and complete to the best of my knowledge.	
Client signature	Date
Supporting Affidavits	
Person 1	
Name	Date of birth
Place of birth	Relationship
Please explain the facts about the birth or citizenship of the above person, and give details about the reason(s) why documentation cannot be provided.	
I affirm, under penalty of perjury, that my answers are correct and complete to the best of my knowledge.	
Signature	Date

Person 2	
Name	Date of birth
Place of birth	Relationship
Please explain the facts about the U.S. birth or citizenship of the above person, and give details about the reason(s) why documentation cannot be provided.	
I affirm, under penalty of perjury, that my answers are correct and complete to the best of my knowledge.	
Signature	Date
FOR STAFF USE ONLY	
Supporting affidavits are required from at least two persons, one of whom is not related to the client, who have personal knowledge of the event(s) establishing the client's claim of citizenship, and explaining, if known, why other documentation is unavailable. Persons making these affidavits must prove their own citizenship and identity.	
Person 1	
Citizenship verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Source of verification	
Identity verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Source of verification	
Person 2	
Citizenship verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Source of verification	
Identity verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Source of verification	
Staff name	Date
Agency name	Site #
Clinic name	Clinic #