

DEPENDENT CHILD VERIFICATION FORM

This form must be completed for each dependent child who is NOT your (1) natural child, (2) legally adopted child, (3) step child (that is, your spouse's child), or (4) foster child. List each child separately.

1. Child's Name _____ Child's Birthdate _____

Child's relationship to you _____

2. Does this child live with you?..... YES NO

If **NO**, where and with whom does the child live? _____

3. Does this child rely on you for the majority (more than half) of his/her support - food, clothing, housing, and medical care? YES NO

4. Is the child's natural parent supporting this child?..... YES NO

If **YES**, explain: _____

5. Do you have a parent/child relationship with this child? YES NO

6. Do you have authority to act as the parent of this child?..... YES NO

If **NO**, explain: _____

I certify that the information on this form is correct. I understand the Trustees may require additional information.

Date

Signature

Local/Reg.No