CSE-1277A FORFF (10-19)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Child Support Services

RETURN DOCUMENTS FORM

Douglas A. Ducey
Governor

Cara M. Christ, MD, MS
Interim Director

PERSONAL INFORMATION

DATE _____ ATLAS/AZTEC# _____

☐ TANF ☐ INTAKE OFFICER NAME

CUSTODIAL PARENT NAME _____

NON-CUSTODIAL PARENT NAME _____

PLEASE RETURN THIS FORM WITH THE FOLLOWING DOCUMENTS BY

DATE: _____

1. BIRTH CERTIFICATE FOR:

☐ You ☐ All Children ☐ The Following Children

2. SOCIAL SECURITY CARD FOR:

☐ You ☐ All Children ☐ The Following Children

3. OTHER

☐ Marriage Licence ☐ Divorce Decree ☐ Death Certificate or proof of Death for Non Custodial Parent

☐ Paternity/Child Support Orders ☐ Address Confidentiality Program ID Card *(If applicable)*

4. MAIL TO

PLEASE RETURN THIS FORM WITH YOUR DOCUMENTS TO:

ADDRESS *(No., Street)* _____

CITY _____ STATE _____ ZIP CODE _____

FAX _____

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Child Support Services at 602-252-4045; TTY/TDD Services: 7-1-1.