

REQUEST FOR VERIFICATION OF GODPARENT SPECIFIED RELATIVE

AZTECS Case Name (*Last, M.I., First*) _____ AZTECS Case No. _____

Address of Primary Informant (*No., Street*) _____

City _____ State _____ ZIP Code _____

Phone No. of Primary Informant _____

Name of Child Verification is Being Requested for (*Last, M.I., First*) (*Print or type*) _____

Child's Date of Birth (*MM/DD/YYYY*) _____

Name of Godparent Specified Relative (*Last, M.I., First*) (*Print or type*) _____

Verification of Godparent Specified Relative (*Verification cannot be completed by a participant in the Tribal TANF budgetary unit*) Verification follows Verification attached

Print Name of Person Completing Verification (*First, M.I., Last*) _____

Telephone No. of Person Completing the Verification _____

Signature of Person Completing Verification _____ Date _____

FAA Interviewer's Signature _____ Mail Drop _____

This institution is an equal opportunity provider.

DES/TANF Agencies are Equal Opportunity Employers/ Programs • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex (including gender identity and sexual orientation), national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.