ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Family Assistance Administration

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

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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 _____

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