



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Katie Hobbs
Governor

Michael Wisehart
Director

Division of Child Support Services

RETURN DOCUMENTS FORM

DATE _____ ATLAS/AZTEC # _____

TANF INTAKE OFFICER NAME _____

CUSTODIAL PARENT NAME _____

NON-CUSTODIAL PARENT NAME _____

PLEASE RETURN THIS FORM WITH THE FOLLOWING DOCUMENTS BY:

DATE _____

BIRTH CERTIFICATE FOR:

You All Children The Following Children

SOCIAL SECURITY CARD FOR:

You All Children The Following Children

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)

PLEASE RETURN THIS FORM WITH YOUR DOCUMENTS TO:

ADDRESS (No., Street) _____

CITY _____ STATE _____ ZIP CODE _____ FAX _____