GEORGIA DEPARTMENT OF PUBLIC HEALTH
Verification of Residency for Public Benefits
O.C.G.A. Section 50-36-1(e)(2)

As part of my application for public benefits from the Georgia Department of Public Health, I hereby swear, under oath, that I am:

[check one of the following]

(1) _____ A citizen of the United States;

(2) _____ A legal permanent resident of the United States;

or

(3) _____ A qualified alien or non-immigrant under the Federal Immigration and Nationality Act. The alien number assigned to me by the United States Department of Homeland Security or other federal immigration agency is Alien Number _________________.

I also swear that I am eighteen years of age or older, and that I have provided at least one secure and verifiable identity document with this affidavit, as required by O.C.G.A. Section 50-36-1(e)(1). That secure and verifiable document is my ____________________________________________________________

_________________________________________________________________

In making these representations, I understand that any person who knowingly and willfully makes a false statement in an affidavit on any matter within the jurisdiction of state government shall be guilty of a violation of O.C.G.A. Section 16-10-20 and face the criminal penalties authorized by that statute.

__________________________________________ Subscribed and sworn before me
Signature of Applicant this ____ day of ________, 20__.  

______________________________    __________________________
Printed Name of Applicant    Notary Public
My commission expires ________.