



# GEORGIA DEPARTMENT OF PUBLIC HEALTH

## Verification of Residency

I hereby swear, under oath, that I am: (*check one of the following*)

- Citizen of the United States;
- A legal permanent resident of the United States;
- A qualified alien or non-immigrant under the Federal Immigration and Nationality Act.  
Official Alien Number: \_\_\_\_\_

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

Copy of document provided (check one):

- Driver's license
- Birth certificate
- US Passport
- US Permanent Residence or Alien Registration Receipt Card
- Certificate of Citizenship or Naturalization
- Other (please call our office at 404-657-6534 to verify document will be accepted)

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.

Name (printed):

\_\_\_\_\_

Signature:

\_\_\_\_\_

Notes:

**This form must be notarized or it will not be accepted.**

<p>Subscribed and sworn before me this ____ day of _____, 20__.</p> <p>_____</p> <p>Notary Public My commission expires _____.</p>
--