



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Request for Citizenship Verification

This form is used when a person does not have a birth certificate or other proof of U.S. citizenship. A separate form must be completed for each person who does not have proper documentation and is requesting SoonerCare (Medicaid) benefits.

Please PRINT or TYPE. Use black or blue pen only. This form must be signed and dated. Failure to fill in all of the form may result in your SoonerCare (Medicaid) application being denied or enrollment being terminated.

Mail to: Your local OKDHS office with your review or application form.

First name	Middle	Last	
Physical street address	City	State	Zip

Fill out the information as it appears on the birth certificate of the person requesting assistance with citizenship verification.

First name	Middle	Last	
Date of birth	City of birth	County	State
Mother's first name	Middle	Last name (maiden)	
Father's first name	Middle	Last	

I declare that, under penalty of perjury, this information is true and correct. I understand what happens to people convicted of perjury (not telling the truth). They may be punished by being imprisoned for up to five years, fined up to \$10,000, or both.

I authorize OKDHS to use the information given by me on this form to obtain the needed citizenship verification.

Signature of person requesting assistance	Date
The above signature is by: person himself-herself <input type="checkbox"/>	
next-of-kin <input type="checkbox"/>	
authorized agent/guardian <input type="checkbox"/>	

OKDHS use only – Keep this form in the case record.			
Case name	Case number	County	Supervisor/district