

CERTIFICATE OF DEPENDENT RELATIONSHIP

This is to certify that the following information pertains to the dependent relationship as declared below.

The undersigned affirms that the details provided herein are true and correct to the best of their knowledge.

Name of Primary Person:

Date of Birth (Primary Person):

Name of Dependent:

Date of Birth (Dependent):

**Relationship to Primary
Person:**

Address:

Signature:

Date:

Witness/Verifier:

Date:

This certificate is issued for the sole purpose of verifying the dependent relationship between the parties named above.