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| **Kinship Legal Guardianship** Certification of Caregiver of (minor’s name)  ,  as to Knowledge of Identity and/or Location of Parents |

I, , do hereby certify that:

**The child’s parent 1 is:**  **.**

and lives at :  

Date of last contact: , 20

I do not know where he/she lives.

**The child’s parent 2 is:**  .

and lives at :  

Date of last contact: , 20

I do not know where he/she lives.

**The following person(s) has had legal and/or physical custody of this child:**

1.

address at:  

Date of last contact: , 20

I do not know where he/she lives.

2.  .

he/she lives at:  

Date of last contact: , 20

I do not know where he/she lives.

***I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.***

**Signature: Date:**