



STATEMENT OF ATTESTATION REGARDING RELATIONSHIP

State Form 52727 (R / 10-12) / CW 2118
DEPARTMENT OF CHILD SERVICES

- INSTRUCTIONS:**
1. Person requesting placement of minor child(ren) must complete this statement.
 2. Submit original copy to the Department of Child Services (DCS).

AFFIRMATION

I, _____ hereby affirm that I am the
Name of person requesting placement
_____ of _____
Relationship Name of child

I understand that this is a legal document and that any false statements are subject to immediate removal of the child from my home and to criminal prosecution.

CERTIFICATION

I, _____ hereby certify, under the penalties of perjury, that I am the above-named person, that I have personally prepared the foregoing statement and that the same is true to the best of my knowledge and belief.

PERSON REQUESTING PLACEMENT

Signature of person requesting placement

Date (month, day, year)

Printed name of person requesting placement

Address of placement (number and street, city, state, and ZIP code)

WITNESS

Signature of authorized DCS agent

Date (month, day, year)

Printed name of authorized DCS agent