

Visiting Child Certification

Applicant's Name:	
Applicant's Address:	
Visiting Child's Name:	
Visiting Child's Relation to Applicant:	
Parent's or Guardian's Name:	
Parent's or Guardian's Address:	
I certify that the above referenced o	child is under the age of 6 years old and that said
	e time(s) per week (Sunday thru
Saturday) for hour(s) hours.	per visit and the combined annual visits last
	Or,
I certify that the above child is und at my address.	er the age of 6 years old and that said child lives
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Applicant Signature	Parent or Guardian Signature