

Child #3 legal name (first, middle, last):	
Child's address (street, city, state, zip code):	
The child began residing in _____ (state) on _____ (month/year).	
Child's SSN:	Child's date of birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Additional Child(ren) Information Attached

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).