

Attestation of Identity Form

NY State of Health needs to verify the identity of applicants to process applications for coverage. You have indicated that you are unable to produce the required documentation for verification of your identity. You need to complete the form below to attest to your identity in the absence of documentation. Once we verify your identity, we can finish processing your application.

If you have one document from List A, have two documents from List B, or are attesting for a child and have one document from List C, you should **not** use this form. Instead, complete the Identity Verification Forms for adults or children 16 and under.

Once you have completely filled out the form, you can mail it to: NY State of Health, PO BOX 11727, Albany, NY 12211. You can also fax it to 1-855-900-5557.

NEED HELP WITH THIS FORM? Call us at 1-855-355-5777. TTY users should call 1-800-662-1220 or 1-877-662-4886 for TTY in Spanish.

Attestation of Identity Form

1. Applicant Name				
2. Address		3. City		4. State
				5. ZIP Code
6. Date of Birth (mm/dd/yyyy)		7. Social Security Number		8. Telephone Number
List A	OR	List B	OR	List C
<ul style="list-style-type: none"> • U.S. Passport book or card • Driver's license • Official Government Identification card • School Identification card • U.S. military card or draft record • Military dependent's Identification card • Native American Tribal Document • U.S. Coast Guard Merchant Mariner card • Certificate of Naturalization (N-550 or N-570) • Certificate of U.S. Citizenship (N-560 or N-561) 		<ul style="list-style-type: none"> • Birth certificate • Social Security card • Marriage certificate • Divorce decree • Employer Identification card • High school diploma • College diploma • High school equivalency diploma • Property deed or title 		<ul style="list-style-type: none"> • Hospital or clinic record* • Doctor's record* <p style="text-align: center;">*Applies to children 16 and under only</p>
<p>Attestation. I attest, under penalty of perjury, that I am unable to submit one document from List A or two documents from List B or, in the case of a child, one document from list C listed above to verify my identity (or the identity of my child) because I do not have access to the required documents. I attest, under penalty of perjury, that to the best of my knowledge the information in and submitted with this form is true and correct.</p>				
9. Signature of adult applicant (or parent or guardian for a child applicant)				10. Date (mm/dd/yyyy)
11. Name (type or print legibly)				12. Relationship to applicant

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