

**Alaska Department of Revenue  
Permanent Fund Dividend Division  
2009 Child Certification Form**

Child's Printed Name		Sponsor's Daytime Telephone Number
Child's Social Security Number	Date of Birth	Sponsor's Message Telephone Number

Be sure to **complete this page**. If you fail to complete this page the department will not be able to finish processing the child's application.

Read the following statements carefully and sign below. **Do not change anything**. If you do, we may deny the child's application.

**I certify that the minor for whom I am applying:**

- Is now an Alaska resident.
- Unless born to or adopted by an Alaska resident after December 31, 2007, was an Alaska resident for all of 2008 and was in the state of Alaska for at least 72 consecutive hours in 2007 or 2008.

**I understand that if what I say is not true, it is a criminal offense and if I am convicted, in addition to any criminal penalties:**

- I will lose this and all future dividends.
- I will be required to pay back all dividends I have been paid or have claimed on behalf of this child.

**I understand that if I deliberately misrepresent or recklessly disregard a fact, I am liable for civil penalties:**

- I could lose this dividend and the next five dividends.
- I may have to pay a fine of up to \$3,000.

**Release of Information:** I authorize the Alaska Department of Revenue to obtain confidential information to verify my eligibility or the eligibility of any child I sponsor. I authorize the release of confidential records necessary to verify my eligibility or the eligibility of any child I sponsor from any public agency including the Social Security Administration; Internal Revenue Service; Department of Defense; and Alaska Department of Health and Social Services, Division of Public Assistance and Office of Children's Services. I agree that a copy of this authorization is as valid as the original.

**I certify that the information I supplied on and with the application for the child named above was true and correct.**

Sponsor's Signature		Date	
Sponsor's Full Name	Social Security Number	Date of Birth	
Other Parent's Signature (if filing together)		Date	
Other Parent's Full Name	Social Security Number	Date of Birth	