

Employee Name: \_\_\_\_\_

SSN: \_\_\_\_\_



# Affidavit of Review of a Certified Birth Certificate for State of New Mexico Employee Benefits Enrollment

*for LPB Employees*

I, \_\_\_\_\_ (Print Verifier Name) do hereby attest, under the penalty of perjury, that I have witnessed and reviewed a true and original certified copy of the CERTIFICATE OF BIRTH issued by an authorized governmental agency for the individual named below:

**Full Name of Dependent Registered:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Full Name of Father:** \_\_\_\_\_

**Full Name of Mother:** \_\_\_\_\_

**File Number:** \_\_\_\_\_

**Date of Registration:** \_\_\_\_\_

**Name of Document:** \_\_\_\_\_

**Issuing Governmental Agency:** \_\_\_\_\_

**Certificate Control Number:** \_\_\_\_\_

This birth certificate presented by the employee appears to be authentic and to establish the relationship between the employee and the named dependent for the purposes of employee benefits.

I acknowledge that any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading any information concerning facts or material thereto commits a fraudulent insurance act, which is a crime punishable by fine and imprisonment under Federal and State laws. Any individual who commits insurance fraud will be prosecuted to the fullest extent of the law and will lose the right to participate in any benefit options offered by the State of New Mexico.

The employee personally appeared before me and swore or affirmed that all statements herein were true.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifier Name: \_\_\_\_\_ Verifier Title: \_\_\_\_\_  
First Name, Last Name (Print)

Verifier Signature: \_\_\_\_\_ Phone: \_\_\_\_\_