

## AFFIDAVIT OF NATURAL CHILD

Be it acknowledged that	, the, the	;
-	Subscriber Name	
undersigned deponent being of legal age does here	by depose and say under oath as follows:	
I,	, am in fact the natural paren	t of
Subscriber Name		
child,Child Name	born on Date of Birth	
	ire to have said child included in my NetCare l	Life and
Health Insurance policy.		
	Subscriber Signature	
Territory of Guam } } ss		
<pre>} ss Municipality of Hagatna }</pre>		
Subscribed and sworn before me th	is day of,	, 20
	Notary Public	
	In and for the Territory of Gua My commission expires	ım