

AFFIDAVIT OF STEP-CHILD

Be it Acknowledged, that		the
<u> </u>	Subscriber Name	
Undersigned deponent of legal age does hereby depose a	and say under oath as follows:	
That Child Name	, born on	
Child Name	Da	ite of Birth
to	, is my dependent who resides w	ith me at
Legal Spouse Name		
Residence Address		
For purposes of this affidavit, I desire to	have said child included in my NetCa	are Life and
Health Insurance policy.		
	Subscriber Signature	
Territory of Guam } }ss Municipality of Hagatna }		
Subscribed and sworn before me this	day of	, 20
	Notary Public In and for the Territory of Guam My commission expires	