



Missouri State Employees' Retirement System

Mailing Address  
PO Box 209  
Jefferson City, MO 65102-0209

Shipping Address  
907 Wildwood Drive  
Jefferson City, MO 65109

## AFFIDAVIT OF NATURAL PARENT

Comes now, \_\_\_\_\_ (please print your name) and states the following:

1. I am the natural parent of \_\_\_\_\_ (please print the name of the child under the age of eighteen). (You must attach a copy of the birth certificate for this child to this affidavit.)
  
2. I have legal custody of the child described in paragraph 1. I acknowledge that my receipt of benefits on behalf of this child depends on my having legal custody of this child. I agree to immediately notify the Missouri State Employee's Retirement System if I lose custody of this child.

\_\_\_\_\_  
(please sign your name)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Commision Expiration Date

\_\_\_\_\_  
County Where Commissioned