Additional Children

Part 3 – **Child's Information**		
Child's Name (First, Middle, Last):		Social Security Number:
Date of Birth:	Birth State or Country (See Part 3a):	Birth Certificate Number:
Does this child receive Social Security benefits? ☐Yes ☐No If yes, in what amount? _____		Is this child disabled? ☐Yes ☐No
Has this child ever lived with the other parent in Florida? ☐Yes ☐No If yes, during what dates? From ___/___/____ to ___/___/___	In what city?	Other parent's name:

Part 3 – **Child's Information**		
Child's Name (First, Middle, Last):		Social Security Number:
Date of Birth:	Birth State or Country (See Part 3a):	Birth Certificate Number:
Does this child receive Social Security benefits? ☐Yes ☐No If yes, in what amount? _____		Is this child disabled? ☐Yes ☐No
Has this child ever lived with the other parent in Florida? ☐Yes ☐No If yes, during what dates? From ___/___/____ to ___/___/___	In what city?	Other parent's name:

Part 3 – **Child's Information**		
Child's Name (First, Middle, Last):		Social Security Number:
Date of Birth:	Birth State or Country (See Part 3a):	Birth Certificate Number:
Does this child receive Social Security benefits? ☐Yes ☐No If yes, in what amount? _____		Is this child disabled? ☐Yes ☐No
Has this child ever lived with the other parent in Florida? ☐Yes ☐No If yes, during what dates? From ___/___/____ to ___/___/___	In what city?	Other parent's name

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