



# APPLICANT'S STATEMENT OF ATTESTATION

State Form 46151 (R6 / 2-06) / CW 0025

**DEPARTMENT OF CHILD SERVICES**  
402 West Washington Street, Room W364, MS08  
Indianapolis, IN 46204

- INSTRUCTIONS:**
1. Applicant for a license under IC 12-17.4 must complete this statement.
  2. Submit both white and canary copy with the application for a license.
  3. Applicant should keep pink copy.

I, \_\_\_\_\_, affirm under the penalties of perjury that the following statements are true:  
(Printed name of applicant)

1. I have not been convicted of a felony.
2. I have not been convicted of a misdemeanor relating to the health and safety of children.
3. I have not been charged with a felony during the pendency of this application.
4. I have not been charged with a misdemeanor relating to the health and safety of children during the pendency of this application.

I am submitting this attestation, pursuant to IC 12-17.4, for the following reason:

PURPOSE (Check One)	FACILITY OR HOME (Complete as Applicable)	LOCATION (Complete Each Item)	
<input type="checkbox"/> 1. Residential Child Care License under IC 12-17.4	<input type="checkbox"/> A. Foster Family Home	Name of home ..... Address (number and street, rural route, etc.) .....	
<input type="checkbox"/> 2. Child Placing License under IC 12-17.4 Check B and/or C	<input type="checkbox"/> B. Foster Home Services  <input type="checkbox"/> C. Adoption Services	City	State ZIP code
Signature of applicant		County where home is located	
Address (number and street, rural route, city, state, and ZIP code)			

## CERTIFICATION

I, \_\_\_\_\_, hereby certify, under the penalties of perjury, that I am the above-named applicant, that I have personally prepared the foregoing statement, and that the same is true to the best of my knowledge and belief.

Signature of applicant

Date signed (month, day, year)

Printed or typed name of applicant