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123456789 Case Number | 987654321 A Number | Julie Smith Name | 11/12/1998 DOB

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Section 2 - Child's Information

Fields marked with * are required.

| | |
|---|--|
| Last Name | First Name |
| <input type="text"/> | <input type="text"/> |
| Middle/Other Name | Sex |
| <input type="text"/> | <input type="button" value="Male"/> <input type="button" value="Female"/> |
| Alien Number * | Date of Birth |
| <input type="text"/> | <input type="text" value="mm/dd/yyyy"/> |
| Country of Origin * | Documentation of Citizenship and Age |
| <input type="text" value="Choose..."/> | <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate |
| | <input type="checkbox"/> Immigration Document <input type="checkbox"/> Other |
| | <input type="checkbox"/> None |
| Contact Information for Representative/Attorney * | Benefits Start Date |
| <input type="text"/> | <input type="text" value="mm/dd/yyyy"/> |
| Language(s) Spoken | |
| <input type="text"/> | |

Cancel Save Save and Continue