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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