



Katie Hobbs
Governor

Michael Wisehart
Director

Return Documents Form

Date: _____ AZCARES/AZTEC # _____

TANF Intake Officer Name _____

Custodial Parent Name: _____

Non-Custodial Parent Name: _____

Please return this form with the following documents by:

Date: _____

Birth Certificate For:

You All Children The Following Children

Social Security Card For:

You All Children The Following Children

Other:

- Marriage Licence Divorce Decree
- Death Certificate or proof of Death for Non Custodial Parent
- Paternity/Child Support Orders Address Confidentiality Program ID Card *(If applicable)*

Please return this form with your documents to:

Division of Child Support Services

Address (No., Street): _____

City: _____ State: _____ ZIP Code: _____ Fax: _____