

You must include documentation of a qualifying Parental Leave event with your application for benefits. This document must be one of the following. Please indicate which documentation you are submitting by checking a box below: Please include a copy of one of these documents in your submission.

- Birth certificate
- Court document indicating custody of a child
- Consular Report of Birth Abroad
- Document issued by the health care provider of the child
- Document from the adoption or foster care agency involved in the placement that confirms the date of placement
- Letter signed by the attorney representing the prospective adoptive parent that confirms the date of placement
- IR-3 immigrant visa, or a successor immigrant visa, for the child issued by the United States Citizenship and Immigration Services
- Hospital admission form associated with delivery
- Another form approved by the Office of Paid Family Leave for this purpose

A. INFORMATION ABOUT THE CLAIMANT				
Last four of your SSN or ITIN	Last Name			
B. INFORMATION ABOUT YOUR PARENTAL LEAVE EVENT				
Which type of parental leave event occurred? (check one)				
<input type="checkbox"/> Your biological child was born in the past year (12 months)				
<input type="checkbox"/> A child was placed with you for adoption in the past year (12 months)				
<input type="checkbox"/> A child was placed with you for foster care in the past year (12 months)				
<input type="checkbox"/> You legally assumed parental responsibility for a child in the past year (12 months)				
What was the date on which your child was born or placed with you? _____ / _____ / _____ (MM/DD/YYYY)				
C. INFORMATION ABOUT THE CHILD WITH WHOM YOU ARE BONDING				
Last Name	First Name	Middle Name		
Date of Birth (MM/DD/YYYY) ____ / ____ / _____	Social Security Number (if known)			
Gender (Male / Female / Prefer to Self-Describe)				
Mailing Address (if different from yours)	Street	City	State	Zipcode
<input type="checkbox"/> I certify that the information I have provided on this application is true and complete.				
Signature: _____			Date: _____	