City of Phoenix

AFFIDAVIT OF LAWFUL PRESENCE (*Mail-in Version Only*)

Your completion of this form is required by Arizona state law. A.R.S. §§ 1-501 and -502.

I, _____(print full name exactly as on document), hereby affirm, upon penalty of perjury, that I have made a true and accurate copy of the document checked below, that I have attached that copy to this Affidavit for purposes of mailing both documents to the City, that I am lawfully present in the United States, and that I am the person stated on the document. (*select one category only*)

☐ **Arizona driver license issued after 1996.**
Print first four numbers/letters from license: ☐☐☐☐

☐ **Arizona non-operating identification license.**
Print first four numbers/letters: ☐☐☐☐

☐ **Birth certificate or delayed birth certificate issued in any state, territory or possession of the U.S.**
Year of birth: _____; Place of birth: _____

☐ **United States Certificate of Birth Abroad.**
Year of birth: _____; Place of birth: _____

☐ **United States Passport.**
Print first four numbers/letters on Passport: ☐☐☐☐

☐ **Foreign Passport with United States Visa.**
Print first four numbers/letters on Passport: ☐☐☐☐
Print first four numbers/letters on Visa: ☐☐☐☐

☐ **I-94 Form with a photograph.**
Print first four numbers on I-94: ☐☐☐☐

☐ **USCIS Employment Authorization Document (EAD).**
Print first four numbers/letters on EAD: ☐☐☐☐
***or* Perm. Resident Card (acceptable alternative):** ☐☐☐☐

☐ **Refugee Travel Document.**
Date of issuance: _____; Refugee country: _____

☐ **U.S. Certificate of Naturalization.**
Print first four digits of CIS Reg. No.: ☐☐☐☐

☐ **U.S. Certificate of Citizenship.**
Date of issuance:_____; Place of issuance: _____

☐ **Tribal Certificate of Indian Blood.**
Date of issuance: _____; Name of tribe: _____

☐ **Tribal or Bureau of Indian Affairs Affidavit of Birth.**
Year of birth: _____; Place of birth: _____

Signed: _____ Dated: _____

Office Use Only	**Employee Name:**	**Ref. No.:**
Promptly report all observed violations of federal immigration law to: azicereport@dhs.gov		
☐ **Reported violation (check if applicable and attach copy of email to this form)**		

INSTRUCTIONS FOR USE

1. **Locate one form of your identification that is on the list.**

2. **Make a clear and legible photocopy of that identification document. If the document is more than one page, such as a passport, copy only those pages that contain your name, photograph, date of birth, and document number.**

3. **Clearly and legibly print your name at the top of the Affidavit form *exactly* as it appears on the identification document you have selected.**

4. **Check the box on the Affidavit form that corresponds to the identification document you have selected.**

5. **Complete the boxes and/or descriptive information as applicable to the form of ID you have selected. Please do *not* provide any additional information on the form.**

6. **Sign the form at the bottom.**

7. **Date the form.**

8. **Either mail, email or fax the form and the *copy* of your ID to:**

City of Phoenix
Neighborhood Services Department
Attn: Outstanding Young Man/Young Woman Program
200 W. Washington Street, 4th Floor
Phoenix, AZ 85003

Facsimile No.: 602-534-1555

Email: mailbox.youth@phoenix.gov

NOTE: Do not mail us your original ID. The copy of your ID will be destroyed.