Government of the Virgin Islands of the United States

DEPARTMENT OF HUMAN SERVICES

Office of Childcare & Regulatory Services

STATEMENT FOR VERIFICATION OF CHILD SUPPORT

I, _____, certify that I provide $_____ for support of my child/children.

_____ Weekly **_____ Bi-Weekly** **___ Monthly** **___ Bi-Monthly**

Name of Child or Children:

_____ _____

_____ _____

_____ _____

Physical address:

_____

_____

_____ _____

Signature **Date**

Sworn To and Subscribed Before Me

This _____ Day of_____
on St. Croix, USVI.

Commission #: _____
Exp. Date:_____