

**CERTIFICATION OF PARENTAL OR LEGAL
GUARDIAN RIGHTS**

I certify that I am the parent or legal guardian of _____
(name of dependent child)

who is age _____. I further certify that my parental rights or rights as legal guardian of
_____ have not been terminated.
(name of dependent child)

Signature: _____ Date: _____

Your name (PLEASE PRINT): _____

Address: _____

Phone Number: _____

MEMBER INFORMATION (PLEASE PRINT):

Subscriber's Name: _____

Subscriber's Date of Birth: _____

Name of Subscriber Group: _____

Address: _____

Member ID Number: _____

PLEASE MAIL, FAX OR E-MAIL THIS FORM TO:

Customer Service
Delta Dental of Illinois
111 Shuman Boulevard
Naperville, IL 60563
Fax: (630) 369-0522
E-mail: CSI@deltadentalil.com

