

**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 or FAX THIS FORM TO:

Customer Service
Delta Dental of Illinois
801 Ogden Avenue
Lisle, IL 60532-1337
Fax: (630) 964-2494

