

**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](mailto:CSI@deltadentalil.com)

