



Declaration of Domicile

Health and Human Services Division Indigent Health Care

Client Name: _____ Client DOB: _____

I hereby declare that I reside in and maintain a permanent residence and domicile at:

_____ Street and Number

_____ City _____ State _____ Zip Code _____ County

Which place of abode I recognize and intend to maintain as my permanent home. I hereby declare that my above described residence and abode in Polk County, Florida constitutes my established, permanent, and full time home, and I intend to continue it permanently as such.

Signature: _____ Date: _____

Printed Name: _____

Mailing Address:

_____ Street and Number

_____ City _____ State _____ Zip Code _____ County