



# Declaration of Domicile

## Health and Human Services Division Indigent Health Care

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Client Name: \_\_\_\_\_ Client DOB: \_\_\_\_\_

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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: \_\_\_\_\_

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Mailing Address:

\_\_\_\_\_  
Street and Number

\_\_\_\_\_  
City State Zip Code County