

# Declaration of Dependency Form

The **declaration of dependency form sample** is a vital document used for employment purposes to officially state an employee's dependents. This form helps employers verify eligibility for benefits and tax considerations. Accurate completion ensures proper recognition of dependent-related entitlements.

## Employee Details

Full Name	_____
Employee ID	_____
Department	_____
Contact Number	_____

## Dependent Information

Full Name	Date of Birth	Relationship	Residing with Employee?
_____	____/____/____	_____	Yes / No
_____	____/____/____	_____	Yes / No
_____	____/____/____	_____	Yes / No

## Declaration

I hereby declare that the information provided above is true and complete to the best of my knowledge. I understand that any false statement may result in disciplinary action or loss of benefits.

Employee's Signature	Date
_____	_____

*Note: Please attach supporting documents for each dependent, such as birth certificates or legal guardianship papers, if required by HR.*