



STATE OF MISSOURI
 FAMILY SUPPORT DIVISION
BLIND PENSION SUPPLEMENT

CASE NAME	CASE DCN	DATE
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ADDRESS

HOUSEHOLDER'S CERTIFICATE

We, the undersigned, disinterested, and responsible householders (not relatives) of the county of _____ hereby certify that the aforesaid claimant for a blind pension resides in said county and that we have known him or her for not less than two years prior to the date of this statement, and the s/he is of good moral character.

PRINT NAME	SIGNATURE	DATE
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ADDRESS	TELEPHONE
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PRINT NAME	SIGNATURE	DATE
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ADDRESS	TELEPHONE
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