

## **Evidence of Birth Date**

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Toll-Free: (800) 821-2251

Division of Retirement and Benefits P.O. Box 110203 luneau Alaska 99811-0203

**Juneau**: **(907) 465-4460** TDD: **(907)** 465-2805 Fax: **(907)** 465-3086

alaska.gov/ulb Julleau, Alaska 99011-	.0203				
Name (First, M.I. Maiden Last)					
Current Mailing Address (Street or P.O. Box, City, Sta	ite, ZIP)				
Birthplace (City, State, Province, or Country)	Date of Birth (Month/Day/Year)	Social Security Number			
I hereby submit the following evidence to establish my correct age for the purpose of applying for retirement benefits: (Check documents being submitted, copies are acceptable.)					
1. Birth Certificate.					
2. Hospital birth records certified by custodian of such records.					
3. Affidavit regarding attending physician's record of birth.					
4. Notification of birth in public newspaper.					
5. Baptismal certificate (if date of birth is included).					
6. Record of military service.					
<ol><li>Other records (i.e., passport, Alaska driver's license, or any other legally recognized document which includes date of birth).</li></ol>					
SPECIFY					
Leartify that the above information is true and correct	t to the heet of my knowledge				

02-823 (12/11)

Signature

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Date