



Evidence of Birth Date

FOR OFFICE USE ONLY



Toll-Free: (800) 821-2251
alaska.gov/drb

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

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

Name (First, M.I. Maiden Last)

Current Mailing Address (Street or P.O. Box, City, State, ZIP)

Birthplace (City, State, Province, or Country)	Date of Birth (Month/Day/Year)	Social Security Number
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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.
7. Other records (i.e., passport, Alaska driver's license, or any other legally recognized document which includes date of birth).

SPECIFY _____

I certify that the above information is true and correct to the best of my knowledge.

Signature	Date
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