Evidence of Birth Date

FOR OFFICE USE ONLY

ALASKA DIVISION OF
Retirement and Benefits

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P.O. Box 110203
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NAME (FIRST / M.I. / MAIDEN / LAST)	RIN OR LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	
MAILING ADDRESS (STREET OR P.O. BOX)		
CITY	STATE	ZIP
BIRTHPLACE (CITY / STATE OR PROVINCE / COUNTRY)	DATE OF BIRTH (MM / DD / YYYY)	

I hereby submit the following evidence to establish my correct age for the purpose of applying for retirement benefits:

(Check the documents you are submitting. Copies are acceptable. Any documentation not in the English language must be accompanied by a certified translation.)

- ☐ 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 (for example: passport, Alaska driver's license, or any other legally recognized document which includes date of birth).
  Please specify:_____

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

SIGNATURE	DATE