ALASKA DIVISION OF
Retirement and Benefits

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

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

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

Evidence of Birth Date

(Spouse and Eligible Dependents)

FOR OFFICE USE ONLY

NAME (FIRST / M.I. / LAST)		
RELATIONSHIP TO RETIREE	RIN OR LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	
CURRENT MAILING ADDRESS (STREET OR P.O. BOX)		
CITY	STATE	ZIP
BIRTHPLACE (CITY, STATE, PROVINCE, OR 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 documents being submitted. Copies are acceptable.)

- ☐ Birth certificate
- ☐ Hospital birth records certified by custodian of such records
- ☐ Affidavit regarding attending physician's record of birth
- ☐ Notification of birth in public newspaper
- ☐ Baptismal certificate (if date of birth is included)
- ☐ Record of military service
- ☐ Valid and unexpired state-issued driver's license or identification card
- ☐ U.S. passport, unexpired
- ☐ Other records (please specify):_____

Any documentation not in the English language must be accompanied by a certified translation. I certify that the above information is true and correct to the best of my knowledge.

SIGNATURE	DATE