



Evidence of Birth Date (Spouse and Eligible Dependents)

FOR OFFICE USE ONLY



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

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

Juneau: (907) 465-4460
TDD: (907) 465-2805
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NAME (FIRST, M.I., MAIDEN, 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 (MONTH/DAY/YEAR)

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. Valid and unexpired state-issued driver's license or identification card
- 8. U.S. passport, unexpired
- 7. 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
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