



## VERIFICATION OF AGE AND U.S. CITIZENSHIP

Name of Academy or Agency: \_\_\_\_\_

It is illegal in the State of Wisconsin to photocopy a vital record and use it as legal proof of birth. The abstractor should verify the following features of the legal certified copy before accepting it as a legal copy of the birth certificate:

Check all three before accepting a birth certificate:

- Raised Seal of Registrar (not a notary seal on a photocopy)
- Signature of Official that Issued Certificate and Date of Issuance
- Watermark (chain link that can be seen when held up to the light, issue date 2000 and after)

The following birth facts were abstracted from a certified copy of a birth certificate (with registrar's raised seal, signature, date of issuance, and watermark), or other document listed in section 7 of this form, which was presented to me:

1. Student's Name (First Name)	(Full Middle Name)	(Last Name)	(Title, e.g., Jr.)
2. Date of Birth (Month, Day, Year)		3. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
4. Name of Mother Listed (First Name)	(Middle Name)	(Last Name)	
5. Name of Father Listed (First Name)	(Middle Name)	(Last Name)	
6. Place of Birth <input type="checkbox"/> USA or specify:	State	City, Village, Town	County
7. Certified Copy of Birth Certificate Issued by <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State or <input type="checkbox"/> U.S. Passport (non-expired) <input type="checkbox"/> U.S. Department of State form FS-240, DS-1350 or FS-545 <input type="checkbox"/> U.S. Department of Homeland Security form N-550, N-570, N-560 or N-561			8. Date of Issuance (Month, Day, Year)

**Certification Statement:**

I affirm that to the best of my knowledge, I accurately abstracted the information listed on this form from a certified copy of a birth certificate, U.S. Passport, U.S. Department of State form FS-240, DS-1350, FS-545, or U.S. Department of Homeland Security form N-550, N-570, N-560, or N-561, presented as proof of age and citizenship for the above-listed applicant.

Signature	Date Signed (Month, Day, Year)
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