

VERIFICATION OF AGE AND U.S. CITIZENSHIP

Name of Academy or Agency:							
It is illegal in the State of Wiscons should verify the following feature certificate:	_						
Check all three before accepting a Raised Seal of Registrar (not a Signature of Official that Issue Printed on Security Paper	a notary	seal on a ph		ance			
The following birth facts were abs signature, date of issuance, and pr was presented to me:							
1. Student's Name (First Name)	ıll Middle Name) (Last Naı			me)		(Title, e.g., Jr.)	
2. Date of Birth (Month, Day, Year)			3. Gender	·	Male	☐ Female	
4. Name of Mother Listed (First Nar				(Last Nar			
5. Name of Father Listed (First Name)		(Middle Name)		(Last Name)			
6. Place of Birth	State		City, Village, Town		County		
USA or specify: 7. Certified Copy of Birth Certificate Issued by City County State or U.S. Passport (non-expired)						8. Date of Issuance (Month, Day, Year)	
U.S. Department of State form F. U.S. Department of Homeland So				or N-561			
Certification Statement: I affirm that to the best of my knowled certificate, U.S. Passport, U.S. Departs N-550, N-570, N-560, or N-561, prese	ment of S	tate form FS-2	240, DS-135	50, FS-545,	or U.S. Dep	artment of Homel	
Signature			Date Sign	ed (Month	, Day, Year)	