



Date: _____

Consumer's Information:

SSN: _____

AG Name: _____

Case Number: _____

To Whom It May Concern:

In order to add your newborn or other specified individual to your OWF grant, we must verify their birth with one of the following forms of identification:

- ✓ A birth certificate
- ✓ Hospital birth record/verification (**NOTE:** A crib card is *not* acceptable.)
- ✓ Baptismal Record

If you are **NOT** able to provide one the items listed above, please complete the information listed below so that we can assist you in obtaining this information.

IMPORTANT: Because financial assistance cannot be issued until all of the items listed have been received and eligibility has been established, it is important that we secure this information as quickly as possible. We are hopeful that you will be able to provide this information yourself because it can take up to two weeks for this information to be processed through the local Bureau of Vital Statistics.

Please print legibly	
Person's Name at Birth:	
Date of Birth:	
Sex:	
Race:	
Father's Name:	
Mother's Maiden Name:	
Hospital:	
City/State:	

This individual was adopted: Yes; No

This was the _____ child born to this mother.
 (*1st, 2nd, 3^d, etc.*)

Name of next older sister or brother: _____

Name of next younger sister or brother: _____

Please verify parent's age and place of birth. **If a box is checked below requesting that the parent(s) age and place of birth be verified, please indicate which child's birth certificate was used.

<input type="checkbox"/>	Mother's Name:	Age:	Place of Birth:	**Child:
<input type="checkbox"/>	Father's Name:	Age:	Place of Birth:	**Child:

Please use the enclosed return envelope to return this information.

Thank you for your assistance.