



Please attach to the birth date documentation the full name, Social Security number, and PID (if known), of the member whose account is to be changed/corrected. Your Name ____ Information First Middle/Maiden Last Address Street or P.O. Box State ZIP Code City Telephone Number Email Address Date of Birth

Acceptable Documents

Since a conflict has

arisen concerning your and/or your

beneficiary's date of

of Alabama, it will

birth.

be necessary for you

to furnish one of the

birth as listed with the Retirement Systems

Birth Certificate

An original or certified copy issued by the state in which birth occurred. Contact the Bureau of Vital Statistics in that state for the necessary forms and instructions.

Delaved Birth Certificate

An original or certified copy issued by the state in which birth occurred. •

Bureau of Census Report

• Report from the U.S. Census Bureau in Pittsburg, Kansas, stating the age of the individual at a census year when the person was less than 20 years old. This document is used to verify year of birth only.

following documents **Baptismal Record or Parish Record** as proof of date of

. An original or certified copy, wherein the age of the individual at the time of baptism is given.

Family Bible Record

An original or certified copy giving the individual's date of birth. •

School Record

An original or certified copy giving the individual's date of birth. .

Insurance Policy

Policy giving the individual's date of birth provided that it is dated prior to the date of entry into the Retirement Systems. .

Driver's License

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A copy of the individual's state-issued driver's license. •

You may provide this office with an original document or a certified copy of the document.

- If an original document is submitted, it should be sent by registered or certified mail as a precaution against loss.
- If a copy is submitted, it must be certified by a Notary Public on the actual copy. We cannot accept the copy of any document, . not even the copy of a certified document, unless a Notary Public or other certifying official certifies the copy as true and correct.

Certification

The following shows the correct manner for certification.

(name of Notary Public or certifying	a official), do hereby certif	'v that this is a true and co	prrect copy of the (name o	of document) for
		,		
name of member or name of benefic	ciary).			

Signature of Certifying Official ______

Title of Certifying Official _____

Date

(Official Seal)