|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Client Name:** | Last Name: |  | First Name: |  |
| **Birth Info** | Date of Birth: |  | Place of Birth: |  |
| **Client Self-Certification** | **I testify that I am a U.S. born Citizen, but do not have my birth record and am unable to obtain a copy of my birth record due to record office closures from COVID-19** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Client Signature** |  | **Date** |

\*Revised 11/17/2020, effective until rescinded by the Department