



Certification Attesting To Age of Child

Student Name (as shown on form): _____

Student Date of Birth: _____ Gender: Male / Female

Birth City: _____ Birth State: _____

Birth County: _____ Birth Country: _____

Mother's Name (as shown on form): _____

Mother's current last name (if different than on form): _____

Mother's Date of Birth: _____

Father's Name (as shown on form): _____

Father's Date of Birth: _____

Verified by: _____ Date: _____ Document #: _____



Kenosha Unified
School District

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