

BIRTH CERTIFICATE VERIFICATION FORM

School Year: _____	School District: _____
Count Day: _____	Bldg/Program: _____
School Code: _____	Building Code: _____

Instructions: Complete the following information to document follow-up conducted for pupils not presenting birth certificates at time of enrollment.

Pupil's Name	Grade	Date Seen	Type of Verification	Seen By Whom
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

I certify that this is a true and accurate account of the follow-up conducted.

Authorized Representative's Signature

Date

Title of Authorized Representative