

Miami-Dade County Public Schools

Federal and State Compliance Office

VERIFICATION OF BIRTH CERTIFICATE

This form will be completed by school personnel only when documentation of student information is submitted in the form of an original birth certificate that **cannot** be duplicated.

Legal Name:				
Last Name	First Name			Middle Name
Date of Birth:				Sex:
Month	Day		Year	
Place of Birth:				
City	State		<u></u>	County
State File/Certificate Number: _				
Date filed:	Date issued:			:
Mother's Maiden Name:				
First Name		Ē	ast Name	
Father's Name:				
First Name		Ī	ast Name	
Number found below WARNING #				
Print Name of Parent/Guardian Submitting Document		Signature		Date
VERIFIED BY:				
Print Name of School Official	 Signature		е	 Date