

ACCEPTABLE PROOF OF AGE DOCUMENTS

Retirement Systems of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

Since a conflict has arisen concerning your and/or your beneficiary's date of birth as listed with the Retirement Systems of Alabama, it will be necessary for you to furnish one of the following documents as proof of date of birth.

- ✓ **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.
- ✓ **DELAYED 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.
- ✓ **BAPTISMAL RECORD OR PARISH RECORD**
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.

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.*

The following shows the correct manner for certification.

I, <u>(name of Notary Public or certifying official)</u> , do hereby certify that this is a true and correct copy of the <u>(name of document)</u> for <u>(name of member or name of beneficiary)</u> .	
Signature of Certifying Official: _____	
Title of Certifying Official: _____	
Date: _____	(Official Seal)

Please attach to the birth date documentation the full name, Social Security number, and membership number, if known, of the member whose account is to be changed/corrected.