

# THIRTY-DAY TEMPORARY BIRTH RECORD

**(MUST BE COMPLETED IF A STATE ISSUED BIRTH CERTIFICATE IS NOT AVAILABLE AT REGISTRATION)**

I, \_\_\_\_\_ have enrolled  
(Name of person enrolling student)

\_\_\_\_\_  
(Name of student)

in \_\_\_\_\_ school, and in-lieu of furnishing a certified copy of  
(Name of school)  
the aforesaid student's birth record, state the following information.

\_\_\_\_\_  
Name of student appearing of Birth Record

\_\_\_\_\_  
Social Security Number of Student

\_\_\_\_\_  
Date of Birth                      Age                      City of Birth                      State of Birth

\_\_\_\_\_  
Race                      Sex                      Height                      Weight

\_\_\_\_\_  
Eye Color                      Hair Color

\_\_\_\_\_  
Name of Mother appearing on Birth Record

\_\_\_\_\_  
Name of Father appearing on Birth Record

\_\_\_\_\_  
Last school student attended (if applicable)

\_\_\_\_\_  
School address (if applicable)

Explanation of inability to produce a Certified Copy of Birth Record:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date