WISCONSIN CONNECTIONS ACADEMY

Refer to the **Document Cover Page** for instructions on submitting this form.

Date of Birth Affidavit

In accordance with Wisconsin state regulations, Wisconsin Connections Academy will not request nor copy an original birth certificate. However, as an applicant for a state-funded program, you must provide the information below. Bring this affidavit, along with your student's official Department of Vital Records Birth Certificate, to be notarized by a Notary Public. Complete **one form per student**.

Student Information

Provide the following information about the student and the student's birth.

Last Name _____ First Name _____ Middle Name _____ Date of Birth _____

City of Birth _____ County of Birth _____ State of Birth _____

Country of Birth _____

Birth Mother: _____ Last Name _____ First Name _____ Middle Name

Birth Father: _____ Last Name _____ First Name _____ Middle Name

Statement of Verification

By signing below, you acknowledge that you have verified the above information is true after reviewing the student's official Department of Vital Records Birth Certificate.

Signature of Parent/Legal Guardian

The parent/legal guardian completing this form must sign below.

Parent/Legal Guardian's Name _____ Parent/Legal Guardian's Signature _____ Date _____

Signature of Notary Public

The Notary Public witnessing this form must complete this section.

Notary Public's Name _____ Notary Public's Signature _____ Date _____

Notary Commission's Expiration Date _____

Place Notary Stamp here:

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