



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 County

State File/Certificate Number: _____

Date filed: _____

Date issued: _____

Mother's Maiden Name:

First Name Last Name

Father's Name:

First Name Last Name

**Number found below
WARNING #** _____

Print Name of Parent/Guardian Signature Date
Submitting Document

VERIFIED BY:

Print Name of School Official Signature Date