Lisbon Exempted Village School District Office of the Superintendent 317 North Market Street Lisbon, Ohio 44432

Joseph E. Siefke Phone: 330-424-7714
Superintendent Fax: 330-424-0135

INABILITY TO PROVIDE CERTIFIED BIRTH CERTIFICATE

l,	, thereby declare that I am unable to provide to the schools,
within the required time, a certified reason(s):	birth certificate for the child named below, for the following
In lieu of the required certified birth ce	rtificate, I am providing the following:
Non certified birth certificate	
Certified baptismal record	
Certified hospital record	
Passport	
Birth affidavit (This must be si	gned by the attending physician and two (2) additional people
with knowledge of the birth.)	
Name of Child	Signature of Parent/legal Guardian