



DOWNINGTOWN AREA SCHOOL DISTRICT

Birth Verification Form

I attest that _____ was born on _____ at the
Student's Name Date of Birth

_____ hospital, located in
Hospital Name

_____, _____ . I agree to provide a birth certificate within
City State

thirty (30) days.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Notary Print Name

Notary Signature

Notary Stamp/Seal