Name:

Employee No.:

Date of Retirement:

State Employees Retirement Commission

Proof of Birth

Affidavit

STATE OF CONNECTICUT )

)ss

COUNTY OF )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being duly sworn, deposes and says:

1. I am unable to comply with the rule of the State Employees Retirement Commission of the State of Connecticut requiring the filing of a properly attested certificate of my birth.
2. To the best of my knowledge and belief I was born at  
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   on the \_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 19\_\_\_\_.
3. In lieu of said certificate, I hereby accept and irrevocably establish said date as my correct and legal date of birth for all purposes of the State of Connecticut.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Subscribed and sworn to

before me this \_\_\_\_\_\_\_\_

day of \_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

Commissioner of the Superior Court

PLEASE NOTE

In addition to the completed affidavit, you must submit (2) documents, as described on the instruction sheet provided to you, which support your claim of exact birthdate.

INSTRUCTION SHEET FOR EMPLOYEE RELATING TO DATE OF BIRTH

To:

Current Date:

Date of Retirement:

In the event that you cannot obtain your birth certificate or certification of birth from a State Health Department, you must comply with the following:

1. Execute the attached affidavit, and
2. Supply the Retirement & Benefit Service Division with **two** of the following documents which reference your date of birth:
   1. 1910/1920/1930/1940 Census Record (Department of Commerce, Bureau of Census, Washington, D.C.)
   2. Religious Record (such as certificate of baptism)
   3. Insurance Record
   4. Early School Record
   5. Military Record
   6. Passport
   7. Naturalization Papers
   8. Letter from Social Security stating Date of Birth
   9. Hospital Record

Please send the completed affidavit and the documents to:

Retirement & Benefit Services Division

Attention: Audit Unit

165 Capitol Ave.

Hartford, CT 06106