Reset Form

PROOF OF BIRTH AFFIDAVIT

State Form 54878 (12-11)

INDIANA PUBLIC RETIREMENT SYSTEM
TEACHERS' RETIREMENT FUND
1 North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (888) 286-3544 (Toll-free)
Fax: (317) 232-3882
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

Your Social Security number is being requested by this agency pursuant to the requirements of IRS Code 3405. This disclosure is mandatory and this form cannot be processed without this information

GENERAL INSTRUCTIONS

Submit this completed form with a copy of a valid photo ID such as a driver's license, passport, or other photo ID with the member's date of birth.

The *Proof of Birth Affidavit* is to be used only when an individual cannot produce a birth certificate and has provided grounds for not being able to produce the birth certificate. Otherwise, an official birth certificate issued by the appropriate department of the government or ministry (in the case of foreign birth) must be supplied.

MEMBER INFORMATION

Member's name	Social Security number	Pension ID (PID) number	
Address		Telephone number with area code	
City		State	ZIP Code

MEMBER AFFIDAVIT

I hereby certify that I was born _____ in _____,
Date of birth *(mm/dd/yyyy)* Birth city

_____, _____. I further certify that my birth name is
Birth county Birth state or country if not USA

_____.
Birth name *(First, Middle, Last)*

I further certify and affirm that I understand that the Teachers' Retirement Fund (TRF) will use the birth date given on my *Retirement Application* to determine my benefit entitlement. I further certify and affirm that all exhibits attached hereto are authentic copies of legally valid documents.

I also hereby acknowledge that I understand the terms of this affidavit and any ambiguities herein are to be resolved in favor of the Teachers' Retirement Fund. I hereby acknowledge that I have had ample time and opportunity to secure legal counsel for the purpose of explaining any of these declarations contained within. I affirm, under the penalties for perjury, that the foregoing representation(s) is (are) true.

Member's signature	Date *(mm/dd/yyyy)*

NOTARY PUBLIC CERTIFICATION

State of _____

SS: SEAL

County of _____

Before me the undersigned, a Notary Public for _____ County, State of _____,
Officer's county of residence Officer's state of residence

personally appeared _____ and he/she, being first duly sworn by me
Name of person

upon his/her oath, say that the facts alleged in the foregoing instrument are true.

Signed and sealed this _____ day of _____, 20_____.

_____
Signature

My commission expires: _____
Date *(mm/dd/yyyy)*

_____
Name of officer (*printed or typed*)

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