

TRANSLATION OF BIRTH CERTIFICATE OF:

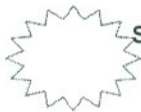
1. Full Name of Registrant:	First	Middle	LAST
If, according to the registrant or the registrant's parent/guardian, the registrant <u>always</u> uses a combination of his or her parents' names as his or her <u>legal last name</u>, enter the combined name:		LAST (with combined parents' names, if used as legal name)	
2. Date of Birth:	Month	Day	Year
3. Place of Birth:	City/Village/Town	Region (if applicable)	Country (name of country at time of birth)
4. Father's Full Name:	First	Middle	Last
5. Mother's Full Name:	First	Middle	Last (birth name or "maiden" name)
6. Filing Jurisdiction:	City	Region (if applicable)	Country (name of country at time of birth)
7. Date Filed:	Month	Day	Year
8. Name of Translator (Print):	Full Name	9. Daytime Phone: (include area code)	
10. Translator Type (Check one):	<input type="checkbox"/> Professional translator <input type="checkbox"/> Community Assistance Center Staff/Volunteer <input type="checkbox"/> Teacher <input type="checkbox"/> Government employee <input type="checkbox"/> Other (specify): _____		
<p>TRANSLATOR CERTIFICATION STATEMENTS: I affirm that I have the language skills required to accurately translate information into English from the language used to complete the original birth certificate.</p> <p>I affirm that I am neither related to, nor do I have any financial or personal connection to, the person who is the subject of the birth certificate referenced in this translation (other than a standard professional translation fee that I may charge for providing translation services).</p> <p>I further affirm, to the best of my knowledge and belief, that the attached birth certificate presented to me for translation contains the above stated facts, translated into English</p>			
_____ Translator's Signature		_____ Date Signed	

CERTIFICATE OF NOTARY PUBLIC

PLACE FOR NOTARY SEAL

(MANDATORY)

Subscribed and sworn before me this _____ day of _____, _____
Month Year



SIGNATURE _____

Notary of _____ county, state of _____

My Commission expires _____
(Month/Day/Year)

Printed Name of Notary _____