

CITY OF DELRAY BEACH FIREFIGHTERS' RETIREMENT SYSTEM

“PROOF OF AGE”

TO: Retirement Committee

I submit herewith evidence to establish my correct age for purposes of the Retirement Plan.

Name: _____

Social Security Number: _____

Address: _____

Telephone Number: _____

Date of Birth: _____

Place of Birth: _____

Sex: _____

I certify that the above information is true and accurate to the best of my knowledge.

Date: _____ Signed: _____

INSTRUCTIONS FOR SUPPLYING PROOF OF AGE

Either a **birth certificate** or **two** of the other proofs listed below must be furnished. Proof as high on the list as possible should be submitted if you have it or can obtain it. A birth certificate, for example, is more acceptable than a passport or marriage record. Additional proof may be required by the Retirement Committee if your evidence is not conclusive. It is to your advantage to submit the best proof available. All documents you submit will be returned to you. Check those being submitted.

- ___ 1. Birth certificate.
- ___ 2. Baptismal certificate or statement of date of birth as shown by church records, certified by custodian of such records.
- ___ 3. Notification of registration of birth in public registry or vital statistics.
- ___ 4. Hospital records of date of birth, certified by custodian of such records.
- ___ 5. Certificate of Social Security Award.
- ___ 6. Signed statement of physician or midwife in attendance showing your date of birth on their records.
- ___ 7. Family Bible or other records, certified by a Notary Public.
- ___ 8. Naturalization record.
- ___ 9. Immigration papers.
- ___ 10. Passport.
- ___ 11. Record of military service.
- ___ 12. School record, certified by custodian of such records.
- ___ 13. Vaccination record, certified by custodian of such records.
- ___ 14. Insurance policy showing date of birth or age.
- ___ 15. Labor union or lodge records, certified by custodian or same.
- ___ 16. Marriage records showing date of birth or age, certified by custodian of such records, or marriage certificate.
- ___ 17. Other records, such as voting records, poll tax receipts, driver's license.

Pursuant to Section 119.071(5), Florida Statutes, your social security number is requested for the purposes of determining eligibility for employment, retirement, pension and insurance benefits, and receipt of Federal and State funded grant programs; performing identification verification and background checks; W-2 and W-9 filing; filing of worker's compensation claims; payment of independent contractors and vendors without a Tax Identification number; payment of EMS transport services; and filing of Paramedic and EMT license renewals. Social security numbers will be used solely for one or more of these purposes.