DEPARTMENT OF THE ARMY
MADIGAN army MEDICAL CENTER
9040 JACKSON AVENUE
TACOMA WA 98431-1100

Full Name: _____ / _____
First Middle Last Name Maiden/Other

Place of Birth: _____
City County State/Country

Date of Birth: _____
(Month/Day/Year)

Social Security #: _____

US Passport/Birth/Naturalization Certificate #: _____

Primary Phone #: _____

I certify that I have reviewed what appears to be the original or certified copy of the birth certificate, US naturalization certificate, or US Passport of the above-named individual, and that the above information is correct as presented:

STATE OF _____

§

COUNTY OF _____

Subscribed and sworn to before me, a Notary Public, in and for the county and state aforesaid, this _____ day of _____, 20_____.

_____
Seal Notary Public

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE AND COPY OF US PASSPORT, BIRTH OR NATURALIZATION CERTIFICATE)