KPERS

KPERS-40DOB Rev. 6/11

SAVE

RESET

PRINT

DATE OF BIRTH AFFIDAVIT

■ **Contact Us – toll free**: 1-888-275-5737 • **phone**: 785-296-6166 • **fax**: 785-296-6638
e-mail: kpers@kpers.org • **web site**: www.kpers.org • **mail**: 611 S. Kansas Ave., Suite 100, Topeka, KS 66603

State of _____)
) S S
County of _____)

I, (affiant's name) _____, upon being duly sworn deposes and states under the pain and penalties of perjury:

1. That affiant is a resident of the State of _____ and that his/her official address is _____.

2. That affiant further deposes and states that he/she has personally known and been acquainted with (member's name) _____ , XXX-XX-_ _ _ _ (last four digits of Social Security number) for _____ years and his/her relationship to the above-named member is _____.

3. That affiant knows of his/her own personal knowledge that _____ Was born on _____.

Further affiant saith not.

Signature of Affiant: _____ Month/Day/Year: _____/_____/_____

Affiant's Name (please print): _____