



COUNTY OF SAN DIEGO



**ERNEST J. DRONENBURG, JR.
ASSESSOR/RECORDER/COUNTY CLERK**

BIRTH VERIFICATION FOR SCHOOL ADMISSION REQUEST APPLICATION

TO BE COMPLETED BY PARENT/GUARDIAN

Full Name of Registrant: _____
First Middle Last

Birthplace of Registrant: _____

Claimed Date of Birth: _____

Mother's Maiden Name: _____

Parent/Guardian Name: _____
(Please Print Legibly)

*I declare that I am the Parent or Guardian of the above stated registrant:

Parent/Guardian Signature: _____

Date: _____

Mail Request(s) to:

Name: _____

Address: _____

City, State _____ Zip: _____

Email: _____

Phone: () _____

Please mail this request to:

**San Diego Recorder/County Clerk
P.O. Box 121750
San Diego, CA 92112-1750**