

Association Name:	
Association Address:	
Association Phone Number:	



This document is to verify that the Date Of Birth recorded in each of the player's USA Hockey registration is the player's actual Date Of Birth, and is also the Date Of Birth shown on the player's original Certification Of Birth issued by the state or country in which the player was born.

I, _____, do certify that the Date Of Birth recorded in the USA Hockey Registration
(Printed Name of Association Registrar)
 for each player is correct and is the same Date Of Birth shown on the player's Certification Of Birth issued by
 the state or country in which the player was born.

(Signature Of Association Registrar) (Phone Number) (Date)

The Verifier personally appeared before me and swore or affirmed that all statements contained herein were true.

Signature of Notary Public Date My Commission Expires

Name	Date Of Birth	US Cit?	Name	Date Of Birth	US Cit?

(Cross Out Any Blank Names and DOBS before notarizing)