

## **Proof of Age Affidavit**

Stude	nt's Legal Name:				
Stude	nt's Date of Birth:				
Schoo	l:	Uplift Michig	an Online School		
Paren	t or Guardian Name:				
Street	Address:				
City a	nd Zip Code:				
The Michigan Missing Cl a pupil in school to prov				· · · · ·	lling
oupil's identity. This do your child's legal birth c	· · · · · · · · · · · · · · · · · · ·		· ·	to order a new copy of	
n accordance with MCL proof of age and identit affidavit is accompanyir	y of the aforemention				
Baptismal certificate ind	cating date and place of b	pirth	Court records		
County, military, immigr	ation records or passport		Life insurance policy		
Doctor or hospital record	ls accompanied by sworn	statements	A sworn statement f (notarized)	rom a parent or guardian	
n accordance with MCL 380. forementioned student's bir		n the reasons fo	r the inability to provide a	a certified copy of the	
arent/Guardian Signature				Date	
igned and sworn to before me	on	20Notary	Public, State of Michigan, Co	unty of	
lotary Public's Name - Printed c	r Typed		Notary Public's Signature		
Ay commission ovniros:					