**VERIFICATION OF DOCUMENTATION**

**Please use this form only if participants request no copy to be made for the following items:**

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**SOCIAL SECURITY NUMBER DOCUMENTATION:**

PARTICIPANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT’S SOCIAL SECURITY NUMBER: \_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE INFORMATION HAS BEEN VERIFIED AND IS ACCURATE AS STATED ABOVE.

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SIGNATURE and DATE OF CERTIFYING OFFICIAL

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH DOCUMENTATION:**

PARTICIPANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT’S DATE OF BIRTH: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

 Month Day Year

I HEREBY CERTIFY THAT THE ABOVE INFORMATION HAS BEEN VERIFIED AND IS ACCURATE AS STATED ABOVE.

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SIGNATURE and DATE OF CERTIFYING OFFICIAL

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**CITIZENSHIP DOCUMENTATION:**

PARTICIPANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESIDENCY DOCUMENTATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Type of documentation

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SIGNATURE and DATE OF CERTIFYING OFFICIAL