

Colleague Name: _____

Colleague ID #: _____



HSHS

Benefit Questions?
1-855-FYI-HSHS

Colleague Service Center

**ANNOTATION OF BIRTH FACTS ABSTRACTED FROM
CERTIFIED COPY OF BIRTH CERTIFICATE**

IMPORTANT: The colleague is responsible for submitting the completed form to the HSHS Colleague Service Center at FYI@hshs.org or by Fax: 217-492-5896

Human Resources shall verify the following information from a certified copy of the birth certificate. *The following birth facts were abstracted from a certified copy of a birth certificate (with registrar's raised seal, signature, date of issuance, and watermark) which was presented to me:*

1. Child's Name (First Name)		(Full Middle Name)		(Last Name)		(Title, e.g., Jr.)	
2. Date of Birth (Month, Day, Year)				3. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
4. Name of Mother Listed (First Name)			(Middle Name)		(Last Name)		
5. Name of Father Listed (First Name)			(Middle Name)		(Last Name)		
6. Place of Birth Country <input type="checkbox"/> USA or Specify			State	City, Village, Town		County	
7. Certified Copy of Birth Certificate Issued by <input type="checkbox"/> State Registrar Office <input type="checkbox"/> Local Registrar Office:						8. Date of Issuance (Month, Day, Year)	
9. Date Certified Copy of Birth Certificate Presented to Office (Month, Day, Year)			10. Certified Copy of Birth certificate Presented/Sent by (Name of Parent or Other Person				
FOR HUMAN R RESOURCES USE ONLY:							
Certification Statement: I affirm that, to the best of my knowledge and belief, I accurately abstracted the information listed on this form from a <u>certified copy</u> of the birth certificate presented as proof of identity for the above-listed child. I returned the certified copy of the birth certificate to the person who presented it/sent it.							
Signature ➤				Date Signed (Month, Day, Year)			