

09/00

USTA AGE VERIFICATION FORM

Client Name: _____ Social Security #: _____

Date of Birth: _____ Age: _____

Address: _____

Check document used to verify birthdate and note certificate number, if applicable:

	<u>Certificate Number</u>
_____ Birth Certificate #:	_____
_____ Baptismal Certificate #:	_____
_____ Photo Motor Vehicle Driver's License #:	_____
_____ PennDOT Non-Driver's License #:	_____
_____ Armed Forces Discharge Papers #:	_____
_____ Veteran's Universal Access Card #:	_____
_____ PACE Card #:	_____
_____ Passport/Naturalization Papers #:	_____

I, the above named client, hereby certify that the document indicated above was furnished by me as proof of my birthdate and that all information completed on this form is true and correct.

Client's Signature

Date Signed

I, a USTA staff representative, hereby certify that the above client's birthdate has been verified by me with the document indicated above and that all information is accurate to the best of my knowledge and belief.

USTA Representative Signature

Job Title

Date Signed