



KPERS-40DOB Rev. 2/25

## DATE OF BIRTH AFFIDAVIT

For security reasons, do not submit application by email.

■ **Contact Us – toll free:** 1-888-275-5737 • **phone:** 785-296-6166 • **fax:** 785-296-6638  
**email:** kpers@kpers.gov • **web site:** kpers.gov • **mail:** 611 S. Kansas Ave., Suite 100, Topeka, KS 66603

■ **Important** – Use this form to provide proof of birth or request a change or correction to a record. This will be considered a signed statement from a person who knows the member's date of birth. Part C should not be completed by the member.

### ■ Part A — Member Information

Social Security Number: \_\_\_\_\_ Name (First, MI, Last): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

### ■ Part B — Affiant Information

Social Security Number: \_\_\_\_\_ Name (First, MI, Last): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

### ■ Part C — Affiant Statement – This section should not be completed by the member.

I, \_\_\_\_\_ (affiant's name), upon being duly sworn deposes and states under the pain and penalties of perjury:

1. That affiant is a resident of the State of \_\_\_\_\_.
2. That affiant further deposes and states that they have personally known and been acquainted with \_\_\_\_\_ (member's name), for \_\_\_\_\_ years and their relationship to the above-named member is \_\_\_\_\_.
3. The member was born on \_\_\_\_\_ (date) at home/hospital (circle one) in \_\_\_\_\_ (city and state).
4. The affidavit of birth is offered in lieu of a birth certificate because \_\_\_\_\_.

Further affiant saith not.

Signature of Affiant: \_\_\_\_\_ Month/Day/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Notary Public:** State of \_\_\_\_\_ County of \_\_\_\_\_

Signed or attested before me on (date) \_\_\_\_\_ by (name of person) \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_ My appointment expires (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_.

(SEAL)