**TRANSLATION OF BIRTH CERTIFICATE OF:**

1. **Full Name of Registrant:**
   - First
   - Middle
   - LAST

   If, according the registrant or the registrant’s parent/guardian, the registrant always uses a combination of his or her parents’ names as his or her legal last name, enter the combined name:

2. **Date of Birth:**
   - Month
   - Day
   - Year

3. **Place of Birth:**
   - City/Village/Town
   - Region (if applicable)
   - Country (name of country at time of birth)

4. **Father’s Full Name:**
   - First
   - Middle
   - Last

5. **Mother’s Full Name:**
   - First
   - Middle
   - Last (birth name or “maiden” name)

6. **Filing Jurisdiction:**
   - City
   - Region (if applicable)
   - Country (name of country at time of birth)

7. **Date Filed:**
   - Month
   - Day
   - Year

8. **Name of Translator (Print):**
   - Full Name

9. **Daytime Phone:**
   - Include area code

10. **Translator Type (Check one):**
    - Professional translator
    - Community Assistance Center Staff/Volunteer
    - Teacher
    - Government employee
    - Other (specify):

**TRANSLATOR CERTIFICATION STATEMENTS:** I affirm that I have the language skills required to accurately translate information into English from the language used to complete the original birth certificate.

I affirm that I am neither related to, nor do I have any financial or personal connection to, the person who is the subject of the birth certificate referenced in this translation (other than a standard professional translation fee that I may charge for providing translation services).

I further affirm, to the best of my knowledge and belief, that the attached birth certificate presented to me for translation contains the above stated facts, translated into English.

_____ Translator’s Signature

**CERTIFICATE OF NOTARY PUBLIC**

PLACE FOR NOTARY SEAL

(MANDATORY) Subscribed and sworn before me this ___________ day of ___________ Month _______ Year _______

SIGNATURE /

Notary of __________________________ county, state of __________________________

My Commission expires ___________ (Month/Day/Year)

Printed Name of Notary __________________________