



KPERS-40DOB Rev. 6/11

# DATE OF BIRTH AFFIDAVIT

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

State of \_\_\_\_\_ )  
 ) SS  
County of \_\_\_\_\_ )

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 \_\_\_\_\_ and that his/her official address is \_\_\_\_\_.
- 2. That affiant further deposes and states that he/she has personally known and been acquainted with (member's name) \_\_\_\_\_, XXX-XX-\_\_\_\_ (last four digits of Social Security number) for \_\_\_\_\_ years and his/her relationship to the above-named member is \_\_\_\_\_.
- 3. That affiant knows of his/her own personal knowledge that \_\_\_\_\_  
Was born on \_\_\_\_\_.

Further affiant saith not.

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

Affiant's Name (please print): \_\_\_\_\_