



HD Housing
Division

A Division of the
Department of Health
& Human Services

Select Program:

My Home

Housing First

BIRTH DATE/PLACE CERTIFICATION

(To be completed by new clients only.)

I, _____ hereby certify that I am unable to immediately secure my Birth Certificate. I understand that I am obligated to continue to make efforts to secure my Birth Certificate.

In lieu of my Birth Certificate, I will certify that my date and place of birth are as follows:

Place of Birth: _____

Date of Birth: _____

Client Signature

Date

Housing Representative

