✎PROB 14F
(Rev. 2/01)

UNITED STATES DISTRICT COURT
FEDERAL PROBATION SYSTEM

REQUEST FOR VERIFICATION OF BIRTH

DATE _____

Dear Sir:

The person identified below is under investigation by this office. The information requested is needed to complete this investigation. Your cooperation will be greatly appreciated.

Please return this form within three days in the enclosed envelope. No postage is necessary.

_____
SIGNATURE OF PROBATION OFFICER

ADDRESS OF PROBATION OFFICE	TELEPHONE NO. FAX NO.

NAME OF PERSON BEING INVESTIGATED *(Last - First - Middle)*

ADDRESS OF PERSON BEING INVESTIGATED

DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NUMBER	SEX	RACE

FATHER'S NAME	MOTHER'S NAME

INFORMATION DESIRED

NAME	DATE OF BIRTH	PLACE OF BIRTH

	NAME OF FATHER	NAME OF MOTHER
BORN TO		

	IDENTIFICATION NUMBER	PAGE NUMBER	BOOK NUMBER
AS APPLICABLE			

ADDITIONAL COMMENTS

SIGNATURE OF OFFICIAL	TITLE	DATE

IF ADDITIONAL SPACE IS REQUIRED, USE REVERSE SIDE

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