

Superior Court of California

COUNTY OF LAKE 255 NORTH FORBES STREET LAKEPORT, CALIFORNIA 95453 (707) 263-2374 FAX (707) 262-1327

DATE OF BIRTH VERIFICATION FORM

After searching cases on the Court's Web Portal and verification of a date of birth for an individual is needed, you may request verification of the date of birth by completing this form. Requestor will need to complete the Case Number, Name and Date of Birth fields. Court staff will check yes or no as to a date of birth match. The form will then be either faxed to a number listed below or mailed back in a self addressed stamped envelope as selected on the form below.

Case				Date of Birth	Date of Bi	rth Match
Number	Name			(MM/DD/YY)	Yes	No
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D	<u> </u>					
Requester In		on:				
Name of Requester:						
Company:						
Address:						
City, State and Zip:						
Phone:						
Fax:						
Return Delive	ry	Check one:				
Method:		☐ Fax	□ U.\$	S. Mail (provide p	oostage paid	envelope)
Completed By:				Date:		
Deputy Court Clerk						