

New Jersey State Department of Education  
Office of Licensure and Credentials

**DATE OF BIRTH RECORD CORRECTION REQUEST**

Please note that your date of birth is one of three essential security fields in our database. To help prevent identity theft, we must require you to fill out and send in this notarized form. You will be informed by email when your date of birth has been updated in our system. Thank you for your patience.

**A. Basic Information** *Please print your name as it appears on any documentation that you are required to submit*

Last Name First Name Middle Name or Initial

Street Address

City

State

Zip

Date of Birth: Month Day Year

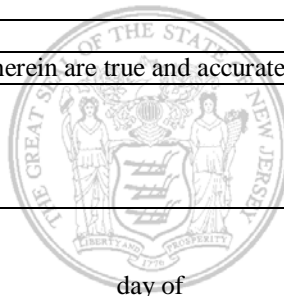
Social Security Number Phone Number Including Area Code

Email Address:

**C. Verification of Accuracy**

I certify that all statements and information provided herein are true and accurate.

Applicant's Signature (in ink) Date



Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Seal

Notary Signature

Once completed, mail the form to:

New Jersey State Department of Education  
Office of Licensure and Credentials  
P.O. Box 500  
Trenton, New Jersey 08625-0500

Attention: Date of Birth Record Change Request

Filename and Path and Revision Date