Birth Certificate Information

Form Approved -OMB No. 0702-0062 Expires:

Print Name (Last, First, Middle, Jr., II, III, etc.)	Social Security Number
 □ A copy of my birth certificate is enclosed with this card. □ A copy of my birth certificate has been previously furnished to the United States Military Academy. □ Proof of citizenship provided. 	
Date Signature	
The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviawing instructions, searching existing data sources, gethering and maintaining the data needed, and completing and neviewing the collection information. Send comments regarding this burden estimate are any other aspect of this collection of information, including suggestions for reducing this borden to Department of Detense, Washington Headquarters Services, Directorate for Information Operation and Reports (0702-0662), 1215 Jefferson Davis Highway, Sulte 1204, Artington, VA 22202-4302. Respondents should be aware that notwithstending any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN this form to the above address. Send your completed from to Admissions Office, USMA, Official Mail and Distribution Center, 546 Swith, W1 4998-1995, PRIVACY ACT STATEMENT AUTHORITY: Title 5 USC, Ch 301; Title 10 USC, Ch 403 Sec 4346, Ch 503, Ch 505 Sec 5031, Ch 603 Sec 5958; Title 44 USC 3101; EO 9397. PRINCIPLE PURPOSE: Collection of data on Academy candidate in order to make sure rise has been completed. DISCLOSURE IS VOLUNTARY. However, failure to provide information could practude appointment. ROUTINE USE: To ald in the improcessing of cadels. USMA Form 5-499 1 Aug 80 (Rev Sep 2002)	

Please fold the bottom of this card up to protect your personal information. Tape at the top and return it to the Director of Admissions. Thank you for your assistance.

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