

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 reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operation and Reports (0702-0062), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding 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 form to Admissions Office, USMA, Official Mail and Distribution Center, 546 Swift Road, West Point, NY 10996-1905. 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 6958; Title 44 USC 3101; EO 9397. PRINCIPLE PURPOSE: Collection of data on Academy candidate in order to make sure file has been completed. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment. ROUTINE USE: To aid in the processing of cadets.

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.

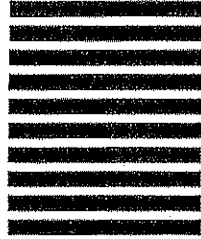
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